



**B. EDUCATIONAL HISTORY:**

1. Are you currently **admitted** in a degree or professional health career program at the School of Continuing Studies?

- No, I will not pursue a degree or professional health career program – **STOP HERE! You are not eligible for financial aid.**
- Yes, I plan to pursue a degree or enter the professional health career program at the School of Continuing.

Program of Study (check one)             Undergraduate             Professional Health Career

Degree/Certificate: \_\_\_\_\_ Major: \_\_\_\_\_

2. Will you have received a high school diploma or GED certificate prior to your period of enrollment at the School of Continuing Studies?

- No – **STOP HERE! You are not eligible for financial aid at the School of Continuing Studies.**
- Yes When did you receive your diploma or GED certificate? \_\_\_\_\_

3. Will you receive a bachelor's degree prior to September 1, 2011?

- No
- Yes If yes, when did you receive your degree? \_\_\_\_\_ Name of Institution: \_\_\_\_\_

4. Have you previously taken courses at the School of Continuing Studies?

- No
- Yes If yes, when were you first enrolled? \_\_\_\_\_

5. Will you receive transfer credits toward your degree or professional health career program at the School of Continuing Studies for coursework taken at another institution prior to the start of the 2011-12 enrollment period?

- No
- Yes If yes, how many credits do you expect to transfer to the School of Continuing Studies? \_\_\_\_\_  
Name of Institution(s) from which credits will transfer: \_\_\_\_\_

**C. FINANCIAL AID ELIGIBILITY AND FEDERAL APPLICATION STATUS:**

1. Please determine my eligibility for: (*check ALL that apply*):

- Grant Programs
- Loan Programs

2. Which of the following best describes the current status of your 2011-12 Free Application for Federal Student Aid (FAFSA)? (*check one*)

- I completed the FAFSA/Renewal FAFSA and submitted it to the federal processor on (date) \_\_\_\_\_.
- I have not completed my FAFSA/Renewal FAFSA but will do so and submit it to the federal processor.

**D. ENROLLMENT PLANS FOR 2011-12:**

1. Indicate your enrollment plans by marking **each term** in which you plan to take courses at the School of Continuing Studies during 2011-12 and how many courses you plan to take in each term (**Note that you must take at least 2 courses per term to receive a Federal loan funding, however, you may be eligible for federal grants and/or private/alternative loans by taking 1 course per term**).

- Fall 2011                      Number of courses: \_\_\_\_\_
- Winter 2012                      Number of courses: \_\_\_\_\_
- Spring 2012                      Number of courses: \_\_\_\_\_
- Summer 2012                      Number of courses: \_\_\_\_\_

2. Will you take courses at another institution during the 2011-12 academic year?  
(**Note that you may receive federal and state financial aid from only one school at a time.**)

- No
- Yes If yes, Name of Institution(s): \_\_\_\_\_

**E. OTHER BENEFITS AND RESOURCES:**

1. Are you eligible to receive tuition reimbursement from your employer to cover any portion of your educational expenses at the School of Continuing Studies in 2011-12?

- No
- Yes List the amount of tuition reimbursement you expect to receive from your employer each term. Use Section G to explain your educational benefits if they are not a fixed dollar amount or percentage of tuition paid. (**NU employees should list their staff rebates below.**)

Fall 2011	\$ _____	or	_____ %
Winter 2012	\$ _____	or	_____ %
Spring 2012	\$ _____	or	_____ %
Summer 2012	\$ _____	or	_____ %

2. Will you apply for or receive scholarship assistance from any source **other than** the School of Continuing Studies in 2011-12? (*Check ALL that apply*)

- No, I am not applying for any non-University scholarship assistance for 2011-12.
- Yes, a Military scholarship – (*list branch of service and dollar amount in Section G*)
- Yes, from other non-University sources – (*list name and dollar amount in Section G*)

Are/Were you a member of the Phi Kappa Sigma fraternity?              Yes              No

3. Indicate the amount of financial assistance you will receive in 2011-12:

- Financial assistance from your parents                                      \$ \_\_\_\_\_
- Financial assistance from individuals other than your parents                                      \$ \_\_\_\_\_
- Other resources available (explain in Section G)                                      \$ \_\_\_\_\_

**F. FINANCIAL AID HISTORY:**

1. Have you borrowed student loans prior to the 2011-12 academic year?

- No
- Yes

2. List **all** post-secondary (i.e., after high school) institutions you have attended; regardless of whether you received financial aid at the institution. Use Section G to list additional institutions if necessary. Write "Not Applicable" if you have not attended any post secondary schools other than the School of Continuing Studies.

<u>Name of Institution</u>	<u>Dates Attended</u>
_____	_____ to _____
_____	_____ to _____
_____	_____ to _____
_____	_____ to _____
_____	_____ to _____

**G. EXPLANATIONS AND SPECIAL CIRCUMSTANCES:**

Use the space below to provide required explanation(s) and/or to explain any special circumstances that you think will influence your eligibility for financial assistance. (*Attach an additional sheet of paper if more space is needed.*)

**J. STUDENTS' RELEASE OF INFORMATION:**

Do you authorize staff in the Office of Financial Aid, Chicago to disclose financial aid information to your parents, spouse and/or other relatives?

- Yes  No

Name of relative(s): \_\_\_\_\_ Relationship: \_\_\_\_\_

**CERTIFICATION STATEMENT:** I/We certify that the information I/we have provided is true and correct to the best of my/our knowledge. I/We understand that information from this form may be released to scholarship programs and/or designated donors of funds for which I am selected. I/We agree to notify the Office of Financial Aid, Chicago of any changes to the above information. Furthermore, I/we understand that if I/we have knowingly provided false and/or misleading information, I/we may be reported to the governing agency, which may result in possible penalties and/or revocation of funds for misrepresentation.

\_\_\_\_\_  
*Student signature*

\_\_\_\_\_  
*Date signed*

**Return completed application to:** Northwestern University, Office of Financial Aid, Chicago, 710 N. Lake Shore Drive, Abbott Hall, Room 629, Chicago, Illinois 60611-3078.