**NEED BASED APPLICATION**

**Section A**: **Personal Information**

**Legal Name:** Last First Middle

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**Social Security Number:\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth:** \_ \_\_ \_\_/ \_\_ \_ \_\_/\_\_ \_\_\_\_\_

**Address:** Street, Rural, Route, P.O. Box City State Zip

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**Phone:** ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **E-mail Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent/Legal Guardian:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Parent/Legal Guardian Email:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­

**Church Affiliation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Major: ­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Section B: HOUSEHOLD INFORMATION (list all individuals in Household)**

|  |  |  |
| --- | --- | --- |
| **NAME of individual (do not include yourself)** | **RELATIONSHIP to applicant (i.e. mom, dad, aunt, brother, grandparent, etc.)** | **ATTENDING COLLEGE (YES/NO)** |
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**Section C: FINANCIAL Information**

**Combined (Parent & Student) Household Income as indicated on IRS documents** (Check only one)**:**

[ ]  **0 - 25,000** [ ]  **25,001 – 40,000** [ ]  **40,001 – 60,000** [ ]  **More than 60,000**

**If there was a financial hardship that occurred during the past 12 months, please explain.**

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**The information furnished in this application is true and complete. Failure to do so shall void all rights and privileges for need based aid.**

**Signature of applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***(Supplemental information including documentation can and will be required by the Financial Aid office for further evaluation. Completion of this form is not a guarantee of additional aid. All final aid will be based on student’s FAFSA)***