

Financial Assistance Awarding Form 2009-2010

The information requested is being collected for University purposes only.

Name _____ Social Security Number _____

Street Address _____ City _____ State _____ Zip _____

Home Phone Number _____ E-Mail _____

Expected College Housing: Residence Hall Off-Campus Apartment Parent's House
 Other (Please specify): _____

2009-10 Classification: Freshman Sophomore Junior Senior

POST-SECONDARY SCHOOLS PREVIOUSLY ATTENDED

You must complete this section if you have earned one or more hours of college credit.

School	Location	Attendance Dates
		<i>From To</i>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Projected major at BVU _____

Will you complete the Free Application for Federal Student Aid (FAFSA) for the 2009-10 academic year? Yes No
(Please keep in mind that our aid guarantees require completion of the FAFSA by April 1, 2009)

Please indicate the sources from which you expect to receive benefits from July 1, 2009 to June 30, 2010:

- | | | |
|---|---|---|
| <input type="checkbox"/> Commission for the Blind
Amount per semester: \$ _____ | <input type="checkbox"/> Veteran's Benefits
Amount per month: \$ _____
Number of months: _____
Chapter number: _____ | <input type="checkbox"/> Tuition Payments
from your employer for the
year: \$ _____ |
| <input type="checkbox"/> JTPA
Amount per semester: \$ _____ | <input type="checkbox"/> Social Security
Amount per month: \$ _____
Number of months: _____ | |
| <input type="checkbox"/> Vocational Rehabilitation
Amount per semester: \$ _____ | <input type="checkbox"/> Promise Jobs
Amount per semester: _____ | |

Do you plan to work off-campus during the 2009-10 academic year? Yes No
If yes, name of employer, if known: _____ Approx. hours/week: _____

Indicate below any community, foundation, company or private scholarships you are *likely* to receive for the 2009-10 academic year:

Name and Type of Award <i>(loan or scholarship)</i>	Granting Agency	Funding Confirmed?	Amount
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____

Please provide the names of any siblings who will be enrolled on BVU's main campus during the 2009-10 academic year: _____

Please provide the name of a parent(s) who is a BVU alumn: _____

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2009-2010**

Parent Information (dependent students only):

Father/Stepfather/Legal Guardian

Mother/Stepmother/Legal Guardian

Name _____

Name _____

Address _____

Address _____

City _____ State _____ Zip _____

City _____ State _____ Zip _____

Occupation _____

Occupation _____

E-mail _____

E-mail _____

If student's natural or adoptive parents are divorced, separated or remarried, please complete the following information about the non-custodial parent (dependent students only):

Non-custodial Parent's Name _____

Street Address _____ City _____ State _____ Zip _____

Occupation _____

Year of Separation or Divorce: _____/_____/_____

According to court order, when will/did support for the student end? _____/_____/_____

How much will the non-custodial parent contribute towards 2009-10 college expenses? \$_____

UNUSUAL CIRCUMSTANCES: If your family has/will experience(d) a reduction in available 2009 income because of changed employment, or if some other unusual circumstances made your family's 2008 income unusually high, please explain below. Explain (1) why your circumstance is unusual; and (2) why it would not be appropriate to use 2008 income as a representative year upon which your financial need should be based.

AUTHORIZATION: I certify that to the best of my knowledge, the information contained in this statement is correct and complete. I will notify the institution of any changes in my financial status.

Applicant Signature Date

Parent Signature (dependent students only) Date

Upon completion of this form, please return to:

Office of Financial Assistance
Buena Vista University
610 W. Fourth Street
Storm Lake, Iowa 50588