

Montreat College Financial Aid Application for SPAS

This form must be completed in full to be considered for Financial Aid!!!

(Legal Name) Last First Middle

Maiden Name or any other previous names

Home Address (Number and Street)

Date of Birth (Month/Day/Year)

City State Zip

Social Security Number

E-Mail Address

Male Female

(_____) (_____) _____
Home Telephone # Work Telephone #

Marital Status:

Single Divorced Widowed
 Married Separated

U. S. Citizen? Yes No
Alien Registration # _____

(Attach copy of green card)

Will you incur any dependent care expenses while you are in class, studying or commuting to class?

This is not basic childcare.

Yes No If yes, please provide the information requested below.

Dependent	Care Provider	Monthly Amount
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Selective Service

Select the appropriate statement below:

I certify that I am not required to be registered with Selective Service because:

___ I am female

___ I am in the armed services on active duty (Members of the Reserves and National Guard is not considered on active duty).

___ I have not reached my 18th birthday.

___ I was born before 1960

___ I am a permanent resident of Palau or a citizen of either the Marshall Islands or the Federated States of Micronesia

I certify that I am registered with Selective Service.

Other Sources of Assistance

Will you be receiving any other sources of assistance besides loans (e.g., employer tuition assistance, scholarships, stipends, monetary gifts, etc.) while you attend Montreat College?

Yes No

If YES, please list the source and the dollar amount or percentage for each course and/or book. This information is need to properly award financial aid.

Source	Amount or %
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Financial Aid Loan Statement

CHECK EACH statement to show compliance:

I certify that I will use any money I receive under Title IV student financial aid programs only for expenses related to attendance at Montreat College, and

I certify that I am not in default on any Title IV financial aid loans nor do I owe any refunds/overpayments on any Title IV financial aid loans or grants received for attendance at any institution, and

I certify that I have not borrowed in excess of Title IV loan limits.

Military Tuition Assistance

Will you be receiving Active Duty, or Selected Military Tuition Assistance Benefits while attending Montreat College? Yes No

If yes, what percentage will you receive per course? _____

Are these funds part of the Montgomery G. I. Bill? _____

By signing below, you acknowledge that you understand the following statement pertaining to Financial Aid at Montreat College:

Your financial aid award as an undergraduate is based on successful completion of an academic year consisting of 24 credit hours and a minimum of 30 weeks of instructional time. For a graduate program student, your award is based on an academic year consisting of 12 credit hours and a minimum of 30 weeks instructional time. Any changes in your schedule may deem you ineligible for all or a portion of your financial aid.

By signing below I am verifying that all information provided is true and complete to the best of my knowledge, and that I read, understand and agree to the Student Acknowledgment Statement and Satisfactory Academic Progress Policy. I also agree to provide documentation, if asked by Montreat College, for any item on my financial aid application. I understand that falsification of information may be grounds for dismissal at any time.

Student Signature: _____ **Date:** _____