

Please complete form and return to: Office of Financial Aid
3200 Cold Spring Road
Indianapolis, IN 46222
317.955.6040 or 800.834.5494
Fax: 317.955-6424
Email: finaid@marian.edu

SECTION A

Student Name: _____
Last First MI Former (if applicable)

Social Security #: _____ Date of Birth: _____

Mailing Address: _____
Street City, State, Zip

Phone Numbers: _____
Home Work Cell

Email Address: _____ Will you file the FAFSA? Yes No

Will you apply for a federal Stafford loan? Yes No Will you apply for a private loan? Yes No
(See <http://www.marian.edu/financialaid/Pages/educationloans.aspx> for details.)

I have a degree in _____ from _____

Licensing Program of Enrollment: ACTION Indianapolis Teaching Fellows Teach For America

Anticipated enrollment (number of credit hours) each semester:
Summer '09 _____ Fall '09 _____ Spring '10 _____

Anticipated Marian graduation date: _____

Please check any of the following which apply:

- I am an employee of Marian University. Position: _____
- My spouse is employed by Marian University. Position: _____

SECTION B

Office Use Only: IND _____ PROF.JUDG. _____ VERIFY: Y ___ N ___ VER. DATE _____
SI _____ SC _____ NEED _____ COA _____

			SUB STL	UNS SUL	PAL	TOTAL
1.						
2.						
3.						
4.						

SECTION C

FAMILY INFORMATION

List all people that you (and your spouse) will support between July 1, 2009 and June 30, 2010. Include your children if you provide more than half of their support. Include other people only if they now live with you and you provide more than half of their support. Also write in the name of the college for any household member who will be attending at least half time between July 1, 2009 and June 30, 2010.

<u>Full Name</u>	<u>Age</u>	<u>Relationship to You</u>	<u>College attending in 2009-2010</u> <i>(If applicable)</i>
_____ <i>(student)</i>	_____	_____ <i>Self</i>	_____ <i>Marian University</i>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

SECTION D

2008 UNTAXED INCOME INFORMATION

If you and/or your spouse received funds from child support or other **untaxed** income in 2008, please record the amounts below.

\$ _____ Child Support Received
\$ _____ Workman's Compensation
\$ _____ Untaxed Pensions
\$ _____ Other Sources of Untaxed Income

SECTION E

Registration Certification, Statement of Educational Purpose, Certification Statement on Refunds and Default, Statement on Updating Changes

1. I agree to notify the Financial Aid Office of any change in my, or in my family's financial situation, such as employment, marriage, or a change in benefits.
2. I certify that the information contained herein is true and correct to the best of my knowledge.
3. I certify that I do not owe a refund on any grant or loan, am not in default on any federal loan or have made satisfactory arrangements to repay any defaulted federal loan, and have not borrowed in excess of the loan limits, under Title IV Programs, at this institution.
4. I declare that I will use all Federal Title IV money awarded me solely for expenses related to my study at this institution.
5. I certify that I do not have a judgment, or a debt owed the federal government, and that I am not incarcerated at the time of this application.
6. I certify that, as of the date I sign this statement, all of the information on the Student Aid Report (SAR) is true and complete to the best of my knowledge.

Please check the correct response:

7. I certify that I am registered with the Selective Service.
 I am not required to be registered with the Selective Service because (check one)
 I am female
 I am in the armed services on active duty. (Does not include Reserves or National Guard.)
 I was born before 1968.
 I am a resident of the Marshall Islands, or the Federated States of Micronesia, or a permanent resident of the Trust Territory of the Pacific Islands (Palau).
8. I certify that I will not engage in unlawful manufacture, distribution, dispensation, possession or use of a controlled substance during the period covered by my Federal Pell Grant. If I am convicted of a drug-related offense during that period, within ten days of my conviction, I will report it in writing with my full name and social security number to:

Director, Grants and Contracts
U.S. Department of Education
Washington, DC 20202-4571

Signature of Student

Date