

Suffolk University

Financial Aid Office

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Returning Undergraduate 2009-2010 Financial Aid Application

Recommended deadline date: March 2, 2009

- ◆ Students are encouraged to apply for financial aid by the recommended deadline date, but applications are accepted throughout the academic year. Financial aid is awarded on a rolling basis and offers will continue to be extended until all available funding is depleted. It is in your best interest to apply by March 2, 2009 since the bulk of available funding is awarded to students who meet the deadline.
- ◆ Students interested in applying for federal, state, institutional and Federal Direct Stafford loan funding must complete this application **and** the Free Application for Federal Student Aid (FAFSA). The FAFSA should be filed by February 15, 2009 to allow for sufficient processing time. You may complete the FAFSA online @ www.fafsa.ed.gov. **The federal code for Suffolk University is 002218.**
- ◆ **Students awarded Federal Direct Stafford Loan funding must have their Entrance Counseling Form and Federal Direct Master Promissory Note on file before any loan funding will be disbursed.**
- ◆ Returning students are not required to submit federal income tax information unless selected for verification by the U.S. Department of Education or an administrator specifically requests the information.
- ◆ If required, the student must submit a **SIGNED** copy of his/her 2008 federal income tax return, a **SIGNED** copy of parents' 2008 federal income tax return (if student is a dependent student) and a verification worksheet. Additional information may be required once an administrator reviews the file. **Any information must be submitted within two weeks of the date requested. Failure to submit information in a timely manner may jeopardize the student's eligibility for aid.**
- ◆ Please keep a copy of your FAFSA and any documentation submitted to this office. It is the applicant's responsibility to ensure all documents required for aid processing are submitted and received by the Aid Office. Suffolk University assumes no responsibility for notifying applicants on the status of aid applications or receipt of documents.
- ◆ If you apply by the recommended date, you should receive your award decision by mid July.
- ◆ If you are awarded any private funds, you must notify this office immediately. Any funding you receive which is not listed on your award letter may result in a reduction of your original award offer.
- ◆ **Please include student's name (printed legibly) and student's social security number and/or student ID number on all forms submitted.**

1. **Student's Name** _____ **Suffolk ID #** _____
Last First MI
Permanent Address _____ **Social Security #** _____
Street City State Zip
Mailing Address _____ **Home phone #** _____
(if different from above) (area code)
Cell phone # _____
(area code)

Student's e-mail address _____ Parent's e-mail address _____

2. **Enrollment status for 2009-2010**

- Freshman
- Sophomore
- Junior
- Senior

3. **Anticipated housing status for 2009-2010**

- Commute from parent's home/live with relatives
- Live in Suffolk University Resident housing
- Live in an apartment off campus *

* (You **must** provide the Aid Office with a copy of your lease/rental agreement)

4. **Number of credits in which you will enroll:**

(12 credits or more is considered full time enrollment)

Fall 2009 _____ Spring 2010 _____

Expected graduation date _____

Major _____

5. **School you plan to enroll in for 2009-2010**

- _____ College of Arts and Sciences
- _____ Frank Sawyer School of Management
- _____ Merrimack Campus
- _____ Senegal Campus
- _____ Madrid Campus
- _____ Other/ please indicate _____

6. **Are you a citizen of the United States?**

_____ Yes _____ No

If no, are you a permanent resident of the US?

_____ Yes _____ No

If you are a permanent resident, please provide your alien registration number

A _____

7. Are you a Suffolk University employee, are you married to a Suffolk University employee or are you a dependant of a Suffolk University employee? ____ Yes ____ No. If **yes**, indicate the benefit amount \$ _____ per semester / year (*circle one*).

Are you eligible for tuition remission benefits through your employer? ____ Yes ____ No
If **yes**, please indicate your employer _____ and benefit amount \$ _____ per semester / year (*circle one*).

(Suffolk University employees, their dependents and Tuition Exchange recipients are only eligible for Pell Grant, MA Grant, Stafford, PLUS and alternative loan consideration.)

8. If you are a dependent student, did either of your parents graduate from Suffolk University? If **yes**, please indicate parent's name while enrolled at Suffolk University _____. Year of Graduation _____.

9. If more than one member of your family is enrolled full time at Suffolk University in an undergraduate program, please list name(s) and social security number(s): _____.

10. **Home Equity** – for primary home (the home that your parents/you live in)

Do **your parents** own a home? ____ Yes ____ No
If **yes**, complete the following questions about the home:
What is the **current value**? \$ _____
What is the **current debt**? \$ _____
What year was home purchased? _____
What was purchase price? \$ _____
What is monthly mortgage? \$ _____

Do **you** own a home? ____ Yes ____ No
If **yes**, complete the following questions about the home:
What is the **current value**? \$ _____
What is the **current debt**? \$ _____
What year was the home purchased? _____
What was purchase price? \$ _____
What is monthly mortgage? \$ _____

Is the home listed above a **multifamily dwelling**? ____ Yes ____ No
If **yes**, what percentage of home is rented? _____ % rented.
(For example, if two apartments are rented in a three family home, 67% is rented)

11. Please indicate the amount you and your family can contribute towards your 2009-2010 educational expenses. \$ _____
(Your answer to this is used for research purposes only. It will not affect your aid package.)

12. If you have any special circumstances, which may make it difficult for you and/or your family to contribute to your educational expenses, please explain on a separate page and attach documentation or proof of your situation.

13. **Read and sign the following. (Academic period covered by award is July 1, 2009 to June 30, 2010.)**

If you are a male and are required to register with Selective Service, you will not receive Title IV funding unless you are registered with Selective Service. If you state falsely that you are not required to register, you may be subject to fine, imprisonment or both.

Statement of Educational Purpose

I hereby affirm that any funds received under the Federal Pell Grant, the Federal Supplemental Educational Opportunity Grant, the Federal Work-Study, the Federal Perkins Loan, the Federal Stafford Loan or the Federal Parent Loan for Undergraduate Student programs will be used solely for expenses related to the attendance or continued attendance at the institution above. I further understand that I am responsible for repayment of a prorated amount of any portion of payments made which cannot reasonably be attributed to meeting educational expenses related to the attendance at the institution. The amount of such repayment is to be determined on the basis of criteria set forth by the U.S. Secretary of Education.

I affirm that to the best of my knowledge, I do not owe a repayment on a Federal Pell Grant, a Federal Supplemental Educational Opportunity Grant, or a Federal State Student Incentive Grant previously received for study at any institution. To the best of my knowledge, I am not in default on a Federal Perkins/National Direct Student Loan, Federal Stafford Student Loan, Federal Supplemental Loan for Students or a Federal Parent Loan for Undergraduate Students.

My signature below gives Suffolk University permission to use financial aid to cover all educational expenses associated with my enrollment. I give Suffolk University permission to utilize financial aid funds to cover the cost of any state mandated health insurance plan costs, unless I opt out of the program and use my own plan. With my signature below, I authorize Suffolk University to secure copies of any high school transcripts required for financial aid eligibility.

I also certify that the information contained in this application is true and complete. I will notify the Director of Financial Aid in writing of any change in my family's financial status.

Warning- if you purposely give false or misleading information on this form, you may be subject to fine, imprisonment or both.

Student's signature

Date

Parent's signature

Date

(Parent must sign if student is a dependent)