

# 2016-2017 Financial Aid Information Form



Completion and submission of the 2016-2017 Free Application for Federal Student Aid (FAFSA), as well as completion and submission of this form, is required in order to be considered for financial aid for the 2016-2017 academic year (Fall 2016, Spring 2017, Summer 2017).

\_\_\_\_\_  
Last Name                      First                      M.I.                      Maiden                      XXX-XX-  
Social Security Number

\_\_\_\_\_  
Address for mail regarding financial aid                      Date of Birth

\_\_\_\_\_  
City                      State                      ZIP                      Program of Study

\_\_\_\_\_  
Home phone (include area code)                      Cell phone (include area code)                      Expected Graduation Date

Anticipated # of Hours at Clarkson College: Fall 2016: \_\_\_\_\_ Spring 2017: \_\_\_\_\_ Summer 2017: \_\_\_\_\_

Are you transferring from another college or university? Yes  No

If yes, College Name: \_\_\_\_\_ Last Attended: \_\_\_\_\_

During 2016-2017, I plan to live: With Parent(s)  On Campus  Off Campus

Do you want to be considered for work study? Yes  No

Are you eligible for the Partnership tuition rate? (Nebraska Medicine employee) Y  N

If yes, full name of the eligible employee: \_\_\_\_\_

I expect to receive financial assistance\* from the following outside sources:

Employer Reimbursement for tuition/fees: Employer: \_\_\_\_\_ Amount \$ \_\_\_\_\_ per semester

Vocational Rehabilitation: Amount \$ \_\_\_\_\_ per semester

Clarkson College Scholarship

Other: Outside Scholarship: \_\_\_\_\_ Amount \$ \_\_\_\_\_ per semester

Other: Outside Scholarship: \_\_\_\_\_ Amount \$ \_\_\_\_\_ per semester

*\*You must report all funding from any outside source to your Financial Aid Counselor.*

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date