

## 2009-2010 Financial Aid Application

This application is required of all students applying for financial aid at Gustavus Adolphus College. In addition, most students complete the Free Application for Federal Student Aid (FAFSA) and list Gustavus (Federal Code 002353). The FAFSA may be completed electronically by visiting fafsa.ed.gov on the Web. If you have any unusual circumstances that you would like us to consider when awarding aid to you for 2009-2010, please also complete a Financial Aid Appeal Form on our web site.

Student Informati	on					
Last Name		First Name		Gusta	ivus ID	
○ Yes ○ No	Will you complete the FAI		-			
Parent Information (If separated/divorced, parent and stepparent student lived with most in the last 12 months)						
○ Father	Stepfather	Guardian	○ Mother	○ Stepmo	other Guardian	
Name			Name			
Street Address			Street Address			
City, State, Zip			City, State, Zip			
Home Phone			Home Phone			
Work Phone			Work Phone			
Cell Phone			Cell Phone			
Occupation			Occupation			
Release of Financial Aid Information						
In addition to those listed on the FAFSA, I give Gustavus Adolphus College Financial Aid Office permission to share my financial aid information with the people listed below. Please list their name and relationship to you. For example, if your parents are divorced, this information for the parent who is NOT listed on the FAFSA.						
Name				Relationship		
Name				Relationship		
Enrollment Information						
Major			Career Objective			
Expected Gustavus Graduation Date						
May December	2010     2011     207       2010     2011     207		I will have a bachelor's degree by fall 2009.			
Which semester(s) do you plan to attend full-time?			How many credits do you plan to take?			
Fall Semester 2009 Spring Semester 2010			Fall 2009 J-Term 2010 Spring 2010			
What will your 200	09-2010 academic standing be	e? V	Where do you plan to live for the 2009-2010 academic year?			
○ FY ○ Sophomore ○ Junior ○ Senior ○ 5th			Campus Housing At Home (with parent)			
			Off-Campus	(not at home) 🔘 li	nternship, Study Abroad, etc.	

State grant recipients must be enrolled for 3.75 credits per semester to have full grant eligibility. Only two J-Term credits will apply toward this enrollment requirement. 3.0 credits are considered full-time for all other financial aid.



Church/Religous Institution Matching Scholarship Information for 2009-20	10					
Church/religous institution scholarships will be matched 100% if funds are after September 1 will be matched 50%.						
OI do not anticipate receiving a scholarship from my church/religous inst	itution.					
I expect to receive a scholarship in the amount of .						
Please list name of church and address.						
Outside Resources/Self Help Aid						
List private, third-party scholarships (Dollars for Scholars, Lions, etc.) and of GI Bill, etc.) that you expect for the 2009-2010 academic year.	her benefits (including mission board support, VA, ROTC,					
1.	\$					
2.	\$					
Minnesota State Grant Eligibility Questions						
Yes No Did/will you reside in Minnesota for 12 consecutive mont beyond high school?	hs before enrolling for six or more credits at a Minnesota schoo					
Are you a U.S. citizen? Yes No I am a citizen of						
Did you graduate from a Minnesota high school? OYes ONO						
Name of high school When did/will you graduate?						
Where did you live when you were in high school (city/state)?						
By the end of the 2009-2010 school year, will you have attended <b>more tha</b> 3 years of education <b>past</b> the time you received your high school diploma						
Release of Data to Scholarship Donors						
By signing below, I give Gustavus Adolphus College permission to release age, major(s), grade point average, community service activities and acade providing financial support to me. I understand and expect that the College information in all cases. I understand that the college will not release my S I understand that this release will remain in effect until I complete my enro rescind it by contacting the Financial Aid Office via e-mail or in writing.	emic grade level to scholarship donor(s) whose gifts are ge will use discretion to release only required or limited ocial Security Number (SSN) to a scholarship donor. Finally,					
Signatures						
My signature or typed name below indicates that all the information repor	ted is true and complete.					
Student Signature	Print the form and mail or fax to:					
(	Financial Aid Office Gustavus Adolphus College 800 West College Avenue Saint Peter, MN 56082 Fax: (507) 933-7727					
<mark>f</mark>	inaid@gustavus.edu					