



Kaplan University
 6301 Kaplan University Avenue
 Fort Lauderdale
 Florida; 33309
 Phone: 1-866-458-2008
 Fax: 1-866-251-8727
 www.kaplan.edu

Application For Educational Expenses

Process for applying for funds:

1. Fill in all sections of the application and return to the Financial Aid Office.
2. Application will be reviewed within 10 business days from receipt; student will be notified via e-mail.
3. Each term you qualify for an educational expense, the funds will be released after the aid has been disbursed; this is typically during the first month of the term.
4. No funds can be disbursed prior to enrollment and disbursements may come at the end of the term.
5. Increasing credit/course load from the original award letter will affect the educational expense amounts.
6. Educational expense funds increase a borrower's loan debt.
7. No disbursements will be made until all forms and aid have been received and processed to satisfy the student's educational costs to the school.

Student's Name	<input type="text"/>	Start Date	<input type="text"/>
E-mail Address	<input type="text"/>	Program	<input type="text"/>

I am requesting that excess funds and/or specified amounts be sent to me when my current tuition, fees, and other allowable charges have been paid. (Check all that apply)

Excess amount left over from maximum available Financial Aid

Other amount Specify amount

In the interest of debt management, please estimate your current monthly income and expenses

Monthly Expenses		Monthly Income	
You	<input type="text"/>	You	<input type="text"/>
Spouse	<input type="text"/>	Spouse	<input type="text"/>
Student Loan Pmt	<input type="text"/>	Other	<input type="text"/>
Other	<input type="text"/>	Total income	<input type="text"/>
Total Expenses	<input type="text"/>		

Please read and sign the following certification:

I understand that the institution will retain this application whether or not it is approved.
 I further understand that if I withdraw from the school, any funds remaining will be returned to the appropriate financial aid fund on my behalf.

Student's Signature _____ Date _____

***If application is missing signature it will be rejected for resubmission.**

