



PHILADELPHIA
UNIVERSITY

**2014-2015 Academic Year (Fall 2014, Winter 2014, Spring 2015, Summer 2015)
Financial Aid Application for the Masters of Science Program
In Disaster Medicine and Management**

You must submit a 2014-2015 Free Application for Federal Student Aid (FAFSA) in order to be considered for financial aid. It is recommended that you complete your FAFSA at the same time you complete this form. A FAFSA can be completed at www.fafsa.gov. In addition, an application for a Direct Federal Stafford Loan (unsubsidized) and a Direct Graduate PLUS Loan can be completed at www.studentloans.gov.

1. Student information:

Student's name _____
Last First Middle

Address _____

Street _____ City _____ State _____ Zip _____

Last 4 digits Social Security Number or Philadelphia University ID# _____

Home phone _____ Work phone number _____

Cell phone _____

Date of Birth _____ Email _____

2. Academic information for 2014-2015:

Degree: Masters ☐ Certificate ☐ Non-degree ☐

Expected Graduation Date: Month _____ Year _____

3. Enrollment Plans: If you do not take the number of the credits you indicated below, your financial aid may be reduced and/or cancelled.

If your enrollment plans change after you complete this form, please notify the financial aid office **immediately** to determine the impact on your financial aid.

Please fill in an answer for each semester below. If you do not plan to attend, fill in a "0":

Fall 2014 (08/18/14-11/07/14) _____ credits

Winter 2014 (11/17/14-02/06/15) _____ credits

Spring 2015 (02/16/15-05/08/15) _____ credits

Summer 2015 (05/18/15-08/07/15) _____ credits

***** If you are planning to take any courses through **St. Louis University**, please indicate so in the enrollment information above (number of credits and the semester(s) that you will be enrolled there).

***** In addition, you will need to submit a **consortium agreement** the Financial Aid Office at St. Louis University for completion. If you are taking classes through both universities, your financial aid application will not be processed until the Financial Aid Office at Philadelphia University receives this form and the completed consortium agreement.

4. Private Aid Sources:

a. Will you be receiving reimbursement from your employer? Yes ☐ No ☐

If yes, how much? _____ Explain if necessary _____

b. Will you be receiving any Private Scholarships or OVR Benefits? Yes ☐ No ☐

If **yes**, please list: _____

c. Will you receive Veteran's benefits from July 1, 2014 to June 30, 2015? Yes ☐ No ☐

If yes, from which Chapter? _____ Amount per month \$ _____

By signing this worksheet, I attest that all of the information is true and accurate.

Student signature

Date

Please submit this form to the address below:



**PHILADELPHIA
UNIVERSITY**

Office of Financial Aid

4201 Henry Avenue, Philadelphia, PA 19144-5497

215.951.2940 215-951-2941 FAX

www.PhilaU.edu financialaid@PhilaU.edu