

2017-2018 Financial Aid Application



KETTERING MEDICAL CENTER

School Federal ID Code: 007035

INCOMPLETE APPLICATIONS WILL BE RETURNED

1. STUDENT INFORMATION

Name _____ SS# _____
(Last) (First) (Middle)

Permanent Address _____
(Street) (City) (State) (Zip)

Local Address _____

Telephone (_____) _____ Date of Birth _____

Email address _____

For the 2016-17 school year, will you be living: [] On Campus [] Off Campus [] With Parents

2. ATTENDANCE INFORMATION

Please let us know the number of credit hours you PLAN on taking each term: *If unsure put estimate*

Fall 2017 _____ Winter 2018 _____ Summer 2018 _____

Student's degree/major: _____

3. ENROLLMENT HISTORY

Are you a returning student to Kettering College? Yes [] No []

Were you enrolled for the 2016-17 school year?

Yes, I was enrolled... [] at Kettering College
[] at another college
[] in high school or technical school (non college)
No, I was not enrolled. []

Did you receive FINANCIAL AID the last time you were enrolled? Yes [] No []

4. Fill out your FAFSA online (www.fafsa.ed.gov) March 31 Priority Deadline!

Note: This is required for ANY Federal/State grants and/or loans. While we automatically assume that you would like to be considered for any free money that you might be eligible for, not everyone qualifies for a federal or state grant.

(visit www.kc.edu for more info).

PLEASE TURN OVER! ☺

5. OUTSIDE SCHOLARSHIPS and TUITION BENEFITS

List below financial assistance you anticipate from any *OUTSIDE* source for the 2017-18 school year. Please submit DOCUMENTATION to the Student Finance Office stating the amount of assistance to be received. Tuition benefits and sponsorships received from the KMC Network should be listed as well.

Denominational Subsidy ____% or \$_____	Scholarships	\$_____
Employer Tuition Reimbursement \$_____	JTPA/WIA/TAA	\$_____
Social Security Benefits	\$_____	Kettering Network Employee [<input type="checkbox"/>]
Vocational Rehabilitation	\$_____	Veterans GI Bill [<input type="checkbox"/>] Yes [<input type="checkbox"/>] No
Summer Camp Employment	\$_____	National Guard [<input type="checkbox"/>] Yes [<input type="checkbox"/>] No

6. WOULD YOU LIKE TO BE CONSIDERED FOR THE FOLLOWING AWARDS:

(Detailed descriptions of each award are available online by visiting www.kc.edu)

Federal Direct Stafford Loan, Subsidized	[<input type="checkbox"/>] yes [<input type="checkbox"/>] no
Federal Direct Stafford Loan, Unsubsidized	[<input type="checkbox"/>] yes [<input type="checkbox"/>] no
Federal Direct Parent/Grad PLUS Loan	[<input type="checkbox"/>] yes [<input type="checkbox"/>] no
Nursing Loan*	[<input type="checkbox"/>] yes [<input type="checkbox"/>] no
Federal Perkins Loan*	[<input type="checkbox"/>] yes [<input type="checkbox"/>] no
Federal Work Study*	[<input type="checkbox"/>] yes [<input type="checkbox"/>] no

*Awarded on a first-come, first-serve basis (based on March 31st priority deadline) to students who demonstrate need according to the Federal Methodology analysis.

7. SPECIAL CIRCUMSTANCES

Adjustments can sometimes be made to a student's financial aid package based upon special circumstances in their lives. These reasons can include, but are not limited to: an involuntary change in employment within the household, recent divorce or separation in the family, death of a parent or spouse, additional daycare expenses, medical expenses and / or other costs not included in the student budget.

In order to request a special circumstance review, you must submit a letter addressed to the Student Finance Office detailing your individual situation and any supporting documentation you may have for your claim. We will review special circumstance requests in the order in which they are received. We will contact you by letter if we need any additional information to process your review. If your review results in a change to your award package then you will receive a new award letter. If your circumstance is not eligible for review or if there is no change to your award package then we will send you a letter explaining why that determination was made.

8. I certify that all the information on this form is true and complete to the best of my knowledge. I understand that it is my responsibility to keep the financial aid office informed of changes to my name and/or address.

STUDENT SIGNATURE _____ DATE _____