EASTERN MENNONITE UNIVERSITY

Financial Aid Information Sheet

Master of Arts in Counseling Students 2008-2009

Your Name _____ Your Student ID Number (if known) _____

Classification: ❑ New Student ❑ Returning Student ❑ Readmitted Student

Program of Study: ❑ School Counseling ❑ Community/Pastoral Counseling **Program Length:** ❑ 2 yrs ❑ 3 yrs ❑ 4 yrs

Indicate enrollment plans for EACH semester:

Fall Semester:	❑ Full Time (_____cr. hrs.)	❑ Part Time (_____ cr. hrs.)	❑ Not enrolled
Spring Semester*:	❑ Full Time (_____cr. hrs.)	❑ Part Time (_____ cr. hrs.)	❑ Not enrolled

*does not include May or June Terms

Do you plan to complete the Free Application for Federal Student Aid (FAFSA)? ❑ Yes ❑ No

The FAFSA is required if you wish to be considered for loans or federal, state or institutional need-based financial aid. Students are strongly encouraged to complete the FAFSA online. The website is www.FAFSA.ed.gov

Will you receive a grant from your church during 2008-2009 based on your attendance at EMU? ❑ Yes ❑ No

If **yes**, please list the name of your congregation and the amount you *expect* to receive.

_____ Fall: $ _____ Spring: $ _____

List the name and source of any "outside" assistance you expect to receive. *Do not* include scholarships or other aid awarded by EMU or funds received from Federal or State sources. Write the amount you expect to receive each semester. (Use additional sheet if necessary)

1. _____ Fall $_____ Spring $_____
2. _____ Fall $_____ Spring $_____
3. _____ Fall $_____ Spring $_____

Check appropriate boxes if you receive benefits from:

❑ Social Security $ _____ per month
❑ Veterans Affairs $ _____ per month
❑ Department of Rehabilitative Services $ _____ per month

Please list Colleges or Universities previously attended and approximate dates of attendance: (For New or Readmitted Students)

1. _____ From _____ to _____
2. _____ From _____ to _____
3. _____ From _____ to _____