



Graduate/Post-Baccalaureate Financial Assistance Information and Enrollment Form: 2008-2009

Please complete all seven sections of this form and return it to Stetson's Office of Financial Aid. Note: **If you cannot mark one of the programs in Section II, you may not be eligible for financial aid.** Please contact this office for additional information. Students who complete their applications by March 15, 2008 will receive priority processing.

I. Student's Name _____
 (PLEASE PRINT) LAST FIRST MIDDLE

Social Security Number _____ Home Phone (____) _____ Cell Phone (____) _____

Permanent Home Address _____

City, State, Zip _____

E-mail address _____ Employer _____ Work Phone (____) _____

II. Enrollment Information: Check and Complete ONE Projected Graduation Date: ____/____/____

A. _____ I am/ plan to enroll in a **Certificate Program**.
Please send a letter from your Dean verifying your acceptance into a Certificate Program.

B. _____ I am/ plan to enroll in a **second Bachelor's Degree Program**.

C. _____ I am/ plan to enroll in a **Master's Degree Program**. **[Must be unconditionally accepted for financial aid]**
Please send a letter from your Dean verifying your unconditional acceptance into a Master's Degree Program.

D. _____ I am/or plan to enroll in **prerequisite courses required for acceptance into a Master's Degree Program**.
Please send a letter from your Dean verifying that you will be enrolled in prerequisite courses required for acceptance into a Master's Degree Program.

III. I am currently employed full-time by a non-profit organization and expect to receive an in-service discount: Yes ____ No ____

I plan to take classes at the following campus: Deland ____ Celebration ____ Gulfport/St. Petersburg ____

[This discount is only offered to students enrolled in a teacher certification or graduate program in the **College of Arts and Sciences**. **A request for the discount must be submitted and approved every semester within the first three weeks of the start of the term (as published in the Bulletin)**. Please contact the Graduate Office for more information (386-822-7075) or go to our website to download a form (<http://www.stetson.edu/financialaid/forms.php>).]

IV. I am a Stetson employee or have a parent who is a Stetson employee, and I will be receiving faculty/staff tuition benefits. **Note:** The amount of the faculty/staff tuition benefits will be considered as a resource to meet need. The use of this resource may reduce your eligibility for other types of financial assistance. This paperwork must be submitted/approved each semester through Stetson's Human Resources Office.

No ____ Yes ____ If yes, name of employee _____

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- V. **Please note that the number of credit hours for which you enroll will determine your eligibility for financial assistance.** If you enroll for less than the number indicated on this form, your financial assistance award may be reduced or canceled. To be considered for financial aid, you must be enrolled for **at least 5 hours** during the summer, fall and/or spring semesters if you are accepted into a graduate program, **or at least 6 hours** if you are enrolled in a certificate or 2nd bachelor degree programs.

[PLEASE NOTE: IF YOU WOULD LIKE TO RECEIVE FINANCIAL AID FOR THE 2008 SUMMER TERM, YOU MUST COMPLETE THE 2007-2008 FREE APPLICATION FOR FEDERAL STUDENT AID (FAFSA) and submit a Request for Summer Financial Aid 2008 form to this office by April 13, 20 (this form is available on our web site at <http://www.stetson.edu/financialaid/forms.php>.)]

If you would like to receive financial aid for the semesters listed below, you must complete the 2007-2008 FAFSA:

For **Fall Semester 2008**, I plan to enroll for _____ (number) of credit hours.

For **Spring Semester 2009**, I plan to enroll for _____ (number) of credit hours.

For **Summer Term 2009**, I plan to enroll for _____ (number) of credit hours. This will include:

_____ hours, session 1 (May 12 – June 6) _____ hours, session 2 (June 9 – July 2)

_____ hours, session 3 (May 12 – July 2) _____ hours, Fast Track program

VI. Federal Stafford Loan

- a. _____ I am interested in borrowing on the **base Stafford Loan only.** [Please note the amount limitations: Up to \$8,500 per academic year for a graduate student, subsidized and/or unsubsidized, not to exceed cost of attendance (COA). The loan maximum for certificate or second bachelor degree students is the same as the undergraduate loan levels: Up to \$3,500 for freshmen, up to \$4,500 for sophomores, and up to \$5,500 per academic year for juniors/seniors, subsidized and/or unsubsidized, not to exceed COA.]
- b. _____ I am also interested in borrowing on the **additional unsubsidized Stafford Loan.** [Please note the amount limitations: Up to \$12,000 maximum per academic year for a graduate student, not to exceed COA. The loan maximum for second bachelor degree students is the same as the undergraduate loan levels: Up to \$4,000 per academic year for freshmen/sophomores; up to \$5,000 per academic year for juniors/seniors, not to exceed cost of attendance. The loan maximum for independent teacher certification students is \$7,000 per academic year, not to exceed COA.]
- c. _____ I am interested in borrowing on the Stafford Loan, but do not want my total loan(s) to exceed _____ for the academic year.
- d. _____ I am interested in borrowing on the Graduate PLUS loan, if my COA is not reached by borrowing on the maximum allowable amounts on the Stafford loans. (*Students must be accepted **unconditionally** in to the Graduate Program in order to be eligible for the Graduate PLUS loan. A credit check is required for the Graduate PLUS loan.*)
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- VII. **By signing below, I am affirming that all information provided is true and correct. I give the Office of Financial Aid permission to release my grade/ transcript and any financial aid information deemed reasonable for scholarship and grant reporting purposes. I also allow for electronic communication and notification unless I notify you otherwise in writing.**

Applicant's Signature

Date

Please return completed application to: Stetson University, Office of Financial Aid
421 N. Woodland Blvd., Unit 8379, DeLand, FL 32723
Phone: 386-822-7120 or 1-800-688-7120 **Fax:** 386-822-7126
Email: finaid@stetson.edu **Website:** <http://www.stetson.edu>