OFICINA DE ASISTENCIA ECONÓMICA
PO Box 118 Mayagüez, PR 00681
787.834.9595 x2200 fax 787.834.9597
finaid@uaa.edu

Financial Aid Application
Academic Year 2019-2020

Student Information

1. Name _____
   Father's Last Name Mother's Last Name, Name Initial

2. Social Security Number _____--____--_____ Date of Birth _____/____/_____
   MM / DD / YY

3. Mailing Address _____
   _____

4. Email Address _____@_____

5. Phone Number _____--_____--_____ Alternate Number_____--_____--_____

6. Marital Status ___Never Married ___ Separated ___Married ___Divorced ___Widowed

7. Academic Degree for the year 2019-2020 ___Associates ___Bachelor ___Masters ___Certificate
   Academic Degree Program: _____

8. Number of family members_____ Number in college (dependent student do not include parent)_____

9. Parents Marital Status (only dependent student) ___Never Married ___Married ___Separated ___Divorced ___Widowed

CERTIFICATIONS:

1. **The information presented in this form is complete and correct.**
2. **The student is not in a Default Status on Student Loans in any Higher Education Institution and does not owe any refunds for the Title IV program on any over payment.**
3. **The awards granted are to be used for educational expenses. That any assigned award is tentative and subjected to revision.**
4. **The Financial Aid Office will give priority to those applications completed on time with required documents.**
5. **The Financial Aid Department of Universidad Adventista de las Antillas is authorized to make any necessary corrections to the FAFSA in accordance with the provided documentation.**

`

_____ _____ _____ _____
Student's Signature Date Spouse's Signature (Optional) Date

_____ _____
Parent's Signature Date