

Financial Aid Application Academic Year 2017-2018

Student Information

1. Name _____
Father's Last Name Mother's Last Name, Name Initial
2. Social Security Number _____ -- ____ -- _____ Student ID _____ -- ____ -- _____
3. Mailing Address _____

4. Email Address _____ @ _____
5. Cellphone _____ -- ____ -- _____ Alternate Number _____ -- ____ -- _____
6. Marital Status ___ Never Married ___ Separated ___ Married ___ Divorced ___ Widowed
7. Academic Degree for the year 2017-2018 ___ Associates ___ Bachelor ___ Master ___ 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