

# Application for Financial Aid 2011-2012

# ST. CLOUD STATE UNIVERSITY

1. **Student's Name** \_\_\_\_\_ **SCSU ID/SSN** \_\_\_\_\_  
Last, First, Middle Initial (Please Print)

2. By July 1, 2011, will you have graduated from a **Minnesota** high school or received a GED in Minnesota? \_\_\_ Yes \_\_\_ No

If you answered **no** to question 2, have you lived in Minnesota after high school for any 12 consecutive months without attending college with more than five credits in any term during those 12 months? \_\_\_ Yes \_\_\_ No

3. **What year** did you or will you graduate from high school or receive your GED? \_\_\_\_\_

4. List below any scholarships, grants, reimbursements, or tuition waivers you anticipate receiving. Types of aid that should be listed include (but are not limited to) the following. Please list the amount for the full academic year.

- Scholarships (SCSU and non-SCSU)
- CA room and board waiver
- Athletic grant
- University tuition waiver
- Graduate tuition assistance
- County child care assistance
- JTPA/CEP funding
- MN National Guard reimbursement
- Employer tuition reimbursement
- Vocational Rehabilitation Services (VRS)
- AmeriCorps award

Source \_\_\_\_\_ Amount \$ \_\_\_\_\_

Source \_\_\_\_\_ Amount \$ \_\_\_\_\_

5. Federal, state, institutional and private financial aid funds are automatically applied to your SCSU tuition, fees and housing charges for the current academic term. With your permission, SCSU may also apply financial aid funds to other charges (e.g., library fines, parking tickets, health insurance, payment plan fees) and may also apply up to \$200 of your aid to outstanding prior year charges. This authorization is voluntary and is valid as long as you are an SCSU student. You may rescind this permission by submitting a written request to the Financial Aid Office. **Please check the box below if you wish to give SCSU permission to apply your financial aid funds to these charges.**

I authorize St. Cloud State University to apply my financial aid funds to miscellaneous charges including prior academic year charges.

6. If you would like to give the Financial Aid Office permission to release your financial aid information to another person or persons, indicate below the name(s) and your relationship to the person(s) to whom you want information released. This release will be valid until the end of summer term 2012. **PLEASE PRINT**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

7. **Student's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Note: All work study funds available for the 2011-2012 academic year have been allocated, so your award letter will not include a work study award. We have limited funding in this program, and it was awarded on a first come, first served basis.

**Return this form to:** St. Cloud State University  
Financial Aid Office  
720 4th Avenue South  
106 Administrative Services Building  
St. Cloud, MN 56301

Phone: (320) 308-2047  
Toll Free: 1-877-654-7278  
Fax: (320) 308-5424  
Email: [financialaid@stcloudstate.edu](mailto:financialaid@stcloudstate.edu)  
Website: [www.stcloudstate.edu/financialaid](http://www.stcloudstate.edu/financialaid)

**In addition to this form, you must also complete the Free Application for Federal Student Aid (FAFSA) online at [www.fafsa.gov](http://www.fafsa.gov). SCSU's school code is 002377.**

