

Student's Name (Last, First, MI/Previous Last Name) _____

SCSU ID or Social Security Number _____

1. By July 1, 2009, will you have graduated from a **Minnesota** high school or received a GED in Minnesota? ___ Yes ___ No

a. If you answered **no** to question 1, 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

2. What year did you or will you graduate from high school or receive your GED? _____

3. Work study allows you to work approximately 12-14 hours per week at an on or off campus job to earn money for your educational expenses. Are you interested in receiving a work study award? ___ Yes ___ No

4. Will you have child care expenses for children under age 13? ___ Yes ___ No

If yes, please list the **names** and **ages** of these children _____.

If you answered yes to question #4 and are married, is your spouse enrolled in college at least half-time? ___ Yes ___ No

5. 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):

- Scholarships
- CA Room and board waiver
- Athletic Grant
- Employer tuition reimbursement
- Graduate tuition assistance
- County child care assistance
- JTPA/CEP funding
- MN National Guard Reimbursement
- University tuition waiver
- DRS (Division of Rehabilitation Services)
- Americorps award

Source _____ Amount \$ _____

Source _____ Amount \$ _____

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.

Name _____ Relationship _____

Name _____ Relationship _____

I certify that all information provided on this form is accurate. I authorize St. Cloud State University to apply my financial aid proceeds directly to my tuition, fees, room, and board charges at the university.

Student's Signature _____ Date _____

Return this form to: St. Cloud State University
Office of Scholarships and Financial Aid
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
Website: 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.ed.gov.