# US 👹

GUSTAVUS ADOLPHUS COLLEGE

2009-2010 Financial Aid Application This application is required of all students applying for financial aid at Gustavus Adolphus College. In addition, most students complete the Free Application for Federal Student Aid (FAFSA) and list Gustavus (Federal Code 002353). The FAFSA may be completed electronically by visiting fafsa.ed.gov on the Web. If you have any unusual circumstances that you would like us to consider when awarding aid to you for 2009-2010, please also complete a Financial Aid Appeal Form on our web site.

Student Informatio	ווכ					
Last Name		First Name		Gι	ustavus ID	
⊖Yes ⊖No	Will you complete th	ne FAFSA for 2009-2010	)?	Cell Phor	ne Number	
Parent Information (If separated/divorced, parent and stepparent student lived with most in the last 12 months)						
○ Father	○ Stepfather	⊖ Guardian	◯ Mother	🔿 Ster	omother	🔿 Guardian
Name			Name			
Street Address			Street Address			
City, State, Zip			City, State, Zip			
Home Phone			Home Phone			
Work Phone			Work Phone			
Cell Phone			Cell Phone			
Occupation			Occupation			
Release of Financia	al Aid Information					
						with the people listed below.
Please list their name a	nd relationship to you. For ex	ample, if your parents are di	vorced, this information fo	or the parent who is N	OT listed on th	e FAFSA.
Name				Relationship		
Name				Relationship		
Enrollment Inform	ation					
Major			Career Objective			
Expected Gustavu	s Graduation Date					
May December	$\sim$ $\sim$	○ 2012 ○ 2013	I will have a bachelor's degree by fall 2009.			
	○ 2010 ○ 2011	2012 2013				
Which semester(s) do you plan to attend full-time?			How many credits do you plan to take?			
Fall Semester 2009 Spring Semester 2010		g Semester 2010	Fall 2009	J-Term 2	010	Spring 2010
What will your 2009-2010 academic standing be?			Where do you plan to live for the 2009-2010 academic year?			
○ FY ○ So	phomore 🔿 Junior	○ Senior ○ 5th	🔿 Campus Hou	ising	🔿 At Home	(with parent)
			Off-Campus	(not at home)	🔿 Internshi	p, Study Abroad, etc.
	nts must be enrolled fo quirement. 3.0 credits a				two J-Term (	credits will apply toward

# Church/Religous Institution Matching Scholarship Information for 2009-2010

Church/religous institution scholarships will be matched 100% if funds are received by August 30th from your church. Funds received after September 1 will be matched 50%.

TAVUS ADOLPHUS COLLEGE

CI do not anticipate receiving a scholarship from my church/religous institution.

receive a scholarship in the amount of
--

Please list name of church and address.

## Outside Resources/Self Help Aid

List private, third-party scholarships (Dollars for Scholars, Lions, etc.) and other benefits (including mission board support, VA, ROTC, GI Bill, etc.) that you expect for the 2009-2010 academic year.

1.	\$
2.	\$
Minnesota State Grant Eligibility Questions	
○ Yes ○ No Did/will you reside in Minnesota for 12 consecutive months before enrolling for six or more created beyond high school?	lits at a Minnesota school
Are you a U.S. citizen? O Yes O No I am a citizen of	
Did you graduate from a Minnesota high school? O Yes O No	
Name of high school When did/will you graduate?	
Where did you live when you were in high school (city/state)?	
By the end of the 2009-2010 school year, will you have attended <b>more than</b> 3 years of education <b>past</b> the time you received your high school diploma?	

### Release of Data to Scholarship Donors

By signing below, I give Gustavus Adolphus College permission to release my personal data (including, but not limited to: name, address, age, major(s), grade point average, community service activities and academic grade level to scholarship donor(s) whose gifts are providing financial support to me. I understand and expect that the College will use discretion to release only required or limited information in all cases. I understand that the college will not release my Social Security Number (SSN) to a scholarship donor. Finally, I understand that this release will remain in effect until I complete my enrollment at Gustavus Adolphus College unless I specifically rescind it by contacting the Financial Aid Office via e-mail or in writing.

### Signatures

My signature or typed name below indicates that all the information reported is true and complete.

Student Signature	Print the form and mail or fax to:
Date	Financial Aid Office Gustavus Adolphus College 800 West College Avenue Saint Peter, MN 56082
	Fax: (507) 933-7727 finaid@gustavus.edu