

Doane College 2007-2008 MED Financial Aid Application

Please review the demographic information on the label. If it is not correct, update it on the label. Please remember to provide updated information to your lender as well. IF THERE IS NO LABEL, PLEASE PRINT YOUR NAME AND ADDRESS IN THE BOX.

Have you previously received financial aid at Doane College?

- No
 Yes

Additional Resources

Will you receive funding from sources other than federal student aid? Examples include, but are not limited to employer reimbursement, Vocational Rehabilitation, and the Montgomery/GI Bill. If you qualify for other sources after completing this form, you are responsible for notifying the Financial Aid Office at Doane College immediately.

- No
 Yes (please complete the section below)

_____ \$ _____ _____ \$ _____

Degree Information

I am seeking a:

- Master's Degree in Education-Educational Leadership
 Master's Degree in Education-Curriculum & Instruction (Fast Track)

Anticipated Enrollment

Full-time is defined as six hours per term or summer. Half time is defined as three to five hours per term.

Please check all terms for which you plan to enroll. NOTE: Your financial aid is based on the data reported here. *Changes in your enrollment may affect your financial aid award and eligibility.*

Anticipated Enrollment

	Full time	Half time
Fall 2007	<input type="checkbox"/>	<input type="checkbox"/>
Spring 2008	<input type="checkbox"/>	<input type="checkbox"/>
Summer 2008	<input type="checkbox"/>	<input type="checkbox"/>

School Information

Have you attended any other colleges or universities since July 1, 2007?

- No
 Yes (please complete the section below)

Institution: _____ State: _____ Attended from: _____ to _____

Acknowledgement

I understand I will not receive Title IV Financial Aid unless this application is completed. If I purposely give false or misleading information, I may be subject to a fine, imprisonment or both. This information is accurate to the best of my knowledge. I realize that this information will be used to determine my eligibility for financial aid, and that it may be necessary to revise my financial award if this or other application information is found to be inaccurate or if it changes at a later time. I agree to use any funds for educational expenses incurred at Doane College (i.e. tuition, fees, room, board, books, supplies, and expenses).

Student's signature

Social Security #

Date

Doane College continues its policy of nondiscrimination on the basis of race, color, religion, sex, nationality, disability, age, marital status, or sexual orientation.