

Please complete and submit to the Office of Student Financial Assistance at your respective campus (City Park, Charity, West Bank, Slidell, Covington).

SECTION 1 (Identifying Information)

Name _____ ID# _____

Permanent Address _____

Phone # _____ City _____ State _____ Zip _____
 Birth Date _____

Have you ever received Financial Aid at Delgado? Yes No
 If yes, please indicate most recent semester. Fall _____ Spring _____ Summer _____

Previous names under which financial aid was awarded _____

Campus at which this aid was received City Park Charity West Bank Slidell Covington

SECTION 2 (Classification)

Beginning Freshman Returning Student Continuing Student Transfer Student
 College Major _____ Degree _____ Certificate _____
 In what month and year do you expect to graduate from Delgado? Month _____ Year _____

SECTION 3 (Transfer Data)

Please list every College, University or Post-Secondary school you have attended or plan to attend this current award year (7/1/2008 – 6/30/2009). (Include all schools beyond High School.)

| School | City & State | Dates of Attendance | Degree Received? (Date) | Received Aid? |
|--------|--------------|---------------------|--|--|
| _____ | _____ | _____ | <input type="checkbox"/> Yes _____ <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| _____ | _____ | _____ | <input type="checkbox"/> Yes _____ <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| _____ | _____ | _____ | <input type="checkbox"/> Yes _____ <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Will you be attending another institution during this academic year? Yes No

SECTION 4 (High School Information)

Did you graduate from High School? Yes; I received a high school diploma No, If not do you have a GED? Yes No

SECTION 5 (Other Resources)

Please list every resource you are currently receiving or expect to receive during this academic year. (7/1/2008 to 6/30/2009)
 (Indicate total dollars for the year.)

LISTING THESE RESOURCES ON THIS SHEET DOES NOT MEAN YOU ARE APPLYING FOR THEM:

\$ _____ Merit and State Scholarships \$ _____ Out-of-State Waiver \$ _____ Employer/ Dependent Fee Waiver
 \$ _____ Athletic Scholarships \$ _____ National Guard Fee Waiver \$ _____ Vocational Rehabilitation
 \$ _____ Other Fee Waiver \$ _____ Veteran's Benefits: Type(s) _____
 \$ _____ Other (List) _____

SECTION 6 (Dependent Care)

If you have dependents that rely on you for more than 50% of their support, list them below.

| NAME | RELATIONSHIP | AGE | SPOUSE |
|-------|--------------|-------|-------------|
| _____ | _____ | _____ | Name: _____ |
| _____ | _____ | _____ | SS#: _____ |

If you pay for child care in order to attend school for any of the above listed dependents, please indicate the amount per month \$ _____.
 Please be prepared to furnish a birth certificate or proof of live birth for each dependent, and receipts from an established child care agency.

SECTION 7 (Work Study)

Would you like to be considered for the Federal College Work Study program or Federal Community Service Work Study? Yes No

SECTION 8 (Living Arrangements)

Where will you live from July 1, 2008 – June 30, 2009?

- With parents With other relatives Not with parents or other relatives

SECTION 9 (Loan Information)

1. Do you want to apply for a student loan? Yes (continue with #2) No (go to section 10)
(Please note: you must be enrolled at least half-time at the time the loan is disbursed)

2. Indicate the type(s) of loan(s) you are requesting:

- Federal Stafford Loan
- If I am not eligible for the maximum in the Federal Stafford Loan, please process an Unsubsidized Federal Stafford Loan for me.
- Unsubsidized Federal Stafford Loan
I am requesting that the lender add the interest, which accrues during the in-school and deferment periods to my loan principal (capitalization).
 I prefer to have the interest capitalized
 I prefer to pay the interest

3a. Are you borrowing at Delgado for the first time?

- Yes, (Indicate a lender in #4 and complete remainder of form) Please note: you must complete a Loan Default Prevention Session (entrance interview) prior to receiving your student loan.
- No, go to #3b

3b. Would you like to borrow from the same lender?

- Yes, (Go to Section 10 and complete remainder of form)
Note: If your previous lender was either **Capitol One (829030)**, **College Loan (833733)**, or **Citibank (826878)** you must select a new lender.
- No, (Indicate a new lender in #4 and complete remainder of form)

4. Below is a partial list of lenders and their lender codes. If you are interested in a lender that is not listed, please indicate the lender’s name in the space provided. You must choose a lender. A lender will not be selected for you. If you fail to select a lender, your application will be delayed.

Note: First time loan borrowers will receive a school certified Master Promissory Note (MPN) in the mail at your permanent home address. YOU MUST SIGN AND FORWARD THE MASTER PROMISSORY NOTE TO THE LENDER IMMEDIATELY. In addition, you must conduct a loan entrance counseling at www.mapping-your-future.org before aid can be disbursed.

- Louisiana Education Loan Authority (LELA) 805113
- Edamerica 813453
- Student Funding Group 834312
- Other _____

SECTION 10 (Certification)

Federal Title IV funds (Federal Pell, SEOG, FFEL) are automatically applied to student accounts first to cover tuition and fees. Any remaining funds may then be applied to other educational institution charges such as books, lab fees, etc. ONLY with your authorization

“I authorize Delgado to apply any remaining Title IV funds I may receive to other educational institutional charges.” Yes No

“I authorize Delgado to use Title IV funds intended for the current award year to pay previous balance that is less than or equal to \$200.” Yes No

This authorization is valid for the 2008-2009 academic year and may be rescinded at any time.

Student’s Signature

Date

I understand I must meet the satisfactory academic progress requirements for Delgado Community College in order to be eligible for and retain federal financial aid.

I acknowledge receipt of a copy of the **Satisfactory Academic Progress** policy by initialing on the following line _____. FAILURE TO ACKNOWLEDGE RECEIPT OF THE SAP POLICY WILL DELAY PROCESSING OF YOUR FINANCIAL AID.

I certify that the above information is true and correct to the best of my knowledge. If this form has been completed with intent to receive federal financial aid on the basis of false or incomplete information, I understand that I am subject to denial of aid and possible federal prosecution.

Student’s Signature

Date

