

Please make sure to complete this form in its entirety. Incomplete forms will be returned and will cause a delay in the processing of your financial aid. You may return this completed application to Ashford University by faxing to 563-242-8684.

First Name: _____ Last Name: _____
 Student ID #: _____ Anticipated Start Date: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Primary Phone: _____ Email Address: _____

Have you attended any college or universities other than Ashford University within the last 90 days? Yes No

Are you interested in receiving federal loan(s)? All students applying for federal aid are considered for the Federal Pell Grant. Based on eligibility criteria, you will be considered for the **MAXIMUM** loan amount, unless you indicate another amount below. If no amount is entered, the **MAXIMUM** loan amount will be considered.

Yes No

Stafford Amount

Other Sources of Aid:

It is your responsibility to inform the Financial Aid Office of all other sources of aid you will be receiving (i.e. Scholarships *other than offered by Ashford University*), Private Educational Loans, Veteran Benefits, Tuition Assistance, Military Active Duty Benefits, Stipends, Monetary Gifts, Employer Tuition Assistance, etc.)

| Source | \$ OR % | Amount of Tuition | \$ OR % | Amount of Books | Frequency |
|--------|---------|-------------------|---------|-----------------|-----------|
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |

Student/Parent Authorizations:

I understand that this form is valid while enrolled at Ashford University and that I may withdraw my approval for any one or all of the above authorizations at any time. This may be accomplished by contacting the financial aid office. If I cancel my approval or do not choose to complete the authorizations subsequent to funds being disbursed, I must pay for each course prior to my first date of attendance.

- | | Yes | No |
|---|--------------------------|--------------------------|
| 1) Title IV student financial aid funds and/or state funded student assistance (including FWS) may be applied to all open allowable charges, including books, equipment, and administrative fees for this academic year. | <input type="checkbox"/> | <input type="checkbox"/> |
| 2) Title IV student financial aid funds and/or state funded student assistance (including FWS) may be applied to estimated future tuition charges, (including state sales tax) equipment and book fees for the disbursement period within the academic year. | <input type="checkbox"/> | <input type="checkbox"/> |
| 3) Title IV student financial aid funds and/or state funded student assistance (including FWS) may be applied to my University account for outstanding charges including books and equipment incurred prior to this payment period, loan/Pell period, and/or academic year. | <input type="checkbox"/> | <input type="checkbox"/> |

I understand that the interest accrued on any credit balance(s) on the account will be retained by Ashford University.

I certify that the information in this application is correct and complete to the best of my knowledge. I agree to provide all financial information required by the Financial Aid Office to process the application and to notify the office of any changes in any information provided on this application. I understand that incorrect or incomplete information could lead to the loss of financial aid, and in certain cases, dismissal from the university.

Student Signature: _____ Date: _____

Parent Signature: _____ Date: _____