



**2018-2019 FINANCIAL AID APPLICATION
ACCELERATED DEGREE COMPLETION PROGRAM
FALL 2018, SPRING 2019, SUMMER 2019**

Please complete and return this form to the Jefferson (Philadelphia University + Thomas Jefferson University) East Falls Campus Financial Aid Office as soon as possible. You must submit a 2018-2019 Free Application for Federal Student Aid (FAFSA) in order to be considered for financial aid. It is recommended that you complete your FAFSA at the same time you complete this form. Please list Thomas Jefferson's FAFSA code (013549) when submitting your FAFSA. A FAFSA can be completed at www.fafsa.gov.

1. Student's Name _____
Last First Middle

Address _____
Street

_____ City State Zip

ID or last four numbers of your Social Security Number _____

Home Phone _____

Work Phone Number _____ Cell Number _____

Date of Birth _____ Email _____

2. Academic information for 2018-2019:

Degree: Bachelor Associate Certificate Non-Degree

Class Level: Freshman (1-29 Credits) Sophomore (30-59 Credits)

Junior (60-89 Credits) Senior (90+ Credits)

Major: _____ Expected Graduation Date: Month _____ Year: _____

Office of Financial Aid East Falls Campus
4201 Henry Avenue, Philadelphia PA 19144-5497
215.951.2940 15.951.2941 FAX

3. Enrollment Plans: You must attempt to register for ALL of your semester courses at one time. If you do not take all the credits you indicated on this form, your financial aid will be reduced and/or cancelled. If your enrollment plans changed after you completed this form, please notify the financial aid office and your accelerated degree program advisor to determine the impact on your financial aid.

Please fill in an answer for each semester below. If you do not plan to attend, fill in a "0":

Fall 2018:

1st 8 week session (9/9/18 – 11/8/18) _____ Credits

2nd 8 week session (11/10/18 – 1/25/19) _____ Credits

Spring 2018:

1st 8 week session (1/26/19 – 3/28/19) _____ Credits

2nd week session (3/30/19 – 6/1/19) _____ Credits

Summer:

6/3/19 – 8/10/19 _____ Credits

1. Private Aid Sources:

- a. Will you be receiving reimbursement from your employer? Yes No

If yes, how much? _____

Explain if necessary _____

- b. Please provide the name of your employer _____

- c. Will you be receiving any Private Scholarships or OVR Benefits? Yes No

If yes, please list: _____

- d. Will you receive Veteran's benefits from July 1, 2017 to June 30, 2018? Yes No

If yes, from which Chapter? _____ Amount per month \$ _____ Number of months _____

By signing this worksheet, I attest that all of the information is true and accurate.

Student Signature

Date