2016-2017 FINANCIAL AID APPLICATION
ACCELERATED DEGREE COMPLETION PROGRAM
FALL 2016, SPRING 2017, SUMMER 2017

Please complete and return this form to the Financial Aid Office as soon as possible. You must submit a 2016-2017 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. A FAFSA can be completed at www.fafsa.gov

1. Student information:

Student’s name________________________________________________________________________

<table>
<thead>
<tr>
<th>Last</th>
<th>First</th>
<th>Middle</th>
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Address________________________________________________________________________________

Street

City State Zip

ID or Social Security Number________________________ Home phone __________________________

Work phone number________________________ Cell phone __________________________

Date of Birth________________________ Email __________________________

2. Academic information for 2016-2017:

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_____

3. Enrollment Plans: You must attempt to register for ALL of your semester courses at one time. If you do not take all of the credits you indicated on this form, your financial aid will be reduced and/or cancelled.

If your enrollment plans change after you complete this form, please notify the financial aid office and
your accelerated degree program advisor immediately 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 2016:
1st 8 week session (9/7/16-11/3/16) ___________ credits
2nd 8 week session (11/5/16-1/19/17) ___________ credits

Spring 2017:
1st 8 week session (1/21/17-3/23/17) ___________ credits
2nd 8 week session (3/25/17-5/25/17) ___________ credits

Summer 2017:
6/3/17-8/8/17 ___________ credits

4. 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, 2016 to June 30, 2017? ☐ 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

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