

SAGE COLLEGE

2010-2011 STUDENT FINANCIAL AID APPLICATION

Please complete this Form and the Free Application for Federal Student Aid.

SECTION A TELL US ABOUT YOURSELF

NAME: _____ / / _____
Last First Middle Initial Social Security Number

BIRTHDATE: ____ / ____ / ____ DRIVER'S LICENSE NO: _____ STATE: _____

CURRENT ADDRESS: _____ CITY: _____

STATE: _____ ZIP: _____ EMAIL ADDRESS: _____

HOME PHONE:(____) _____ CELL PHONE:(____) _____

Current Employer Address City State Zip Phone

IN CASE OF AN EMERGENCY, CONTACT: NAME: _____ PHONE: (____) _____

**** PLEASE NOTE: REFERENCES MUST BE COMPLETED IN FULL.**

SPOUSE'S NAME: _____ PHONE: (____) _____

SPOUSE'S EMAIL: _____ CELL PHONE:(____) _____

SPOUSE'S ADDRESS: _____ CITY: _____

STATE: _____ ZIP: _____ EMPLOYER: _____ PHONE: (____) _____

PARENT'S NAME: _____ PHONE:(____) _____

PARENT'S EMAIL: _____ CELL PHONE:(____) _____

PARENT'S ADDRESS: _____ CITY: _____

STATE: _____ ZIP: _____ EMPLOYER: _____ PHONE:(____) _____

PARENT'S MARITAL STATUS? SINGLE, DIVORCED OR WIDOWED [] MARRIED [] SEPARATED []

A FRIEND/RELATIVE'S NAME: _____ PHONE:(____) _____

EMAIL: _____ CELL PHONE:(____) _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

A FRIEND/RELATIVE'S NAME: _____ PHONE:(____) _____

EMAIL: _____ CELL PHONE:(____) _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

DO YOU HAVE A HIGH SCHOOL DIPLOMA OR THE EQUIVALENT (GED)? YES ____ WHEN ____ / ____ NO ____

DO YOU PAY CHILD CARE EXPENSES? YES ___ NO ___ IF SO, FOR HOW MANY OF YOUR CHILDREN? _____

SECTION E

SIGN THIS FORM/ CERTIFICATION

BY SIGNING THIS FORM, I /WE CERTIFY THAT ALL THE INFORMATION REPORTED TO QUALIFY FOR FEDERAL AID IS COMPLETE AND CORRECT, TO THE BEST OF MY/OUR KNOWLEDGE.

WARNING: IF YOU PURPOSELY GIVE FALSE OR MISLEADING INFORMATION, YOU MAY BE SUBJECT TO A FINE, A PRISON SENTENCE, OR BOTH.

YOUR SIGNATURE (STUDENT) _____ **REQUIRED** _____ **DATE** _____

PARENT'S SIGNATURE _____ **REQUIRED IF DEPENDENT STUDENT** _____ **DATE** _____

SECTION F

CERTIFICATIONS

I certify that I will use all Title IV money received only for expenses related to my program of study at this postsecondary school.

I certify that I do not owe a refund on any grant or loan, I am not in default on any loan or have made satisfactory arrangements to repay any defaulted loan, and have not borrowed in excess of the loan limits, under Title IV programs at any institution. I will notify your school if I default on a federal student loan and I will not receive a Federal Pell Grant for more than one school for the same period of time.

I understand that I must be enrolled, in good standing, and that I must maintain satisfactory progress in order to receive financial aid payments. If a loan is part of my financial aid for attendance at this school, I hereby give the school my permission to contact the lender, guarantee agency and/or holder of the note to provide or request information about my loan.

YOUR SIGNATURE (STUDENT): _____ **DATE** ____ / ____ / ____

PARENTS SIGNATURE: _____ **DATE** ____ / ____ / ____
IF APPLYING FOR PARENT LOAN (PLUS)

-----O-F-F-I-C-E---U-S-E---O-N-L-Y-----
REQUEST FOR SPECIAL CONSIDERATION:

___ IND. ___ DEP. ___ PROF. JUDG. ___ D. OVERRIDE ___ VERIFY ___ A.Y. (1ST, 2ND, 3RD, ECT.)

UNUSUAL CIRCUMSTANCES (INCLUDING BUT NOT LIMITED TO 2010 MEDICAL EXPENSES NOT COVERED BY INSURANCE AND/OR 2009 PRE-SCHOOL, ELEMENTARY, AND SECONDARY SCHOOL TUITIONS) MUST BE FULLY DOCUMENTED AND APPROVED BY THE SCHOOL FOR COST OF ATTENDANCE CONSIDERATION UNDER THE PROVISIONS OF PROFESSIONAL JUDGEMENT. COMMENTS: _____

SCHOOL REPRESENTATIVE _____ DATE _____