



**2008 - 2009
FLORIDA MEMORIAL UNIVERSITY
FINANCIAL AID APPLICATION
001486 - Title IV Code
SCHOLARSHIPS - GRANTS - LOANS - WORK-STUDY
Application Priority Deadline: April 14, 2008.**



SECTION I: GENERAL INFORMATION

NAME: _____
Last, First M.I.

PERMANENT ADDRESS: _____
Street Address
City, State, Zip

HOME TELEPHONE #: _____
Cell Phone #: _____
E-MAIL ADDRESS: _____

CITIZENSHIP STATUS:
A. _____ U.S. CITIZEN
B. _____ ELIGIBLE NON-CITIZEN # A _____
C. _____ FOREIGN STUDENT

SOCIAL SECURITY #: _____ - _____ - _____
DATE OF BIRTH: ____/____/____
SEX: _____ MALE _____ FEMALE
ADDRESS WHILE IN SCHOOL: _____
Street Address
City, State Zip
TELEPHONE #: (____) _____ - _____

MARITAL STATUS:
A. _____ UNMARRIED (Single, Divorced or Widowed)
B. _____ MARRIED
C. _____ SEPARATED FROM SPOUSE

YOUR EXPECTED YEAR IN COLLEGE DURING 2008 - 2009

____¹ST (never previously attended college) ____ 1st (previously attended college) ____ 2nd ____ 3rd ____ 4th ____ 5th (or more undergraduate) ____ 6th (Grad/Teacher's Cert.)

WHICH STATE OR COUNTRY HAVE YOU LIVED IN DURING THE YEAR 2007: _____

ANTICIPATED ENROLLMENT STATUS: _____
____ Full Time (12 or More Hours)
____ Three Quarter Time (9-11 Hours)
____ Half Time (6-8 Hours)

WHERE WILL YOU LIVE:
____ ON CAMPUS HOUSING
____ OFF CAMPUS WITH PARENT /RELATIVE
____ OFF CAMPUS IN MY OWN APARTMENT/HOUSE

ACADEMIC TERMS REQUESTING FINANCIAL AID: _____ FALL 2008 _____ SPRING 2009 _____ SUMMER 2009

EXPECTED DATE OF COLLEGE GRADUATION: _____ MAJOR: _____
Month / Year

DID YOU GRADUATE FROM HIGH SCHOOL OR RECEIVE A GED? _____ YES _____ NO.

IF YES, GIVE _____ / _____ / _____
NAME OF HIGH SCHOOL CITY STATE

DATE OF HIGH SCHOOL GRADUATION: _____ / _____
Month Year

DO YOU HAVE A BACHELORS DEGREE FROM ANY OTHER INSTITUTION? _____ YES _____ NO

List below all colleges or schools that you have attended since high school, up to and including the present. Begin with the school you first attended after high school, and DO NOT omit any college or school.

Name of College, City, and State	Period of attendance From (Mo/Yr.) To (Mo./Yr.)	Type of Degree Received

SECTION II: 2008 - 2009 VERIFICATION INFORMATION: TAXABLE INCOME INFORMATION

Please put a check mark by each person that filed or is required to file a 1040/1040A/1040EZ Tax Return!

Did your parent(s) __, you __, your spouse __ file or will file a 2007 U.S. Income Tax Return? __ YES __ NO

If your answer is "YES", SUBMIT A SIGNED PHOTOCOPY OF THE 2007 U.S. INCOME TAX FORMS 1040EZ/1040A/1040 for each person who filed to the Office of Financial Aid. Skip the Untaxed Income Statement, Go to SECTION III and continue to complete application.

If your answer is "NO", your parent, and/or you, or your spouse MUST COMPLETE the UNTAXED INCOME STATEMENT. Please use the W-2 form or other earnings statements if available to complete the Untaxed Income Statement)

UNTAXED INCOME STATEMENT (To be completed by Non-Tax Filers Only)

OTHER UNTAXED INCOME CERTIFICATION AND SUMMARY

Enter the sources of earned and untaxed income and benefits that your parent(s) and /or you (and /or your spouse) received in 2007. Enter "0" when appropriate. Do not leave any items blank. When listing earnings, also include the employer's name(s).

Sources of Untaxed Income	PARENT(S)	STUDENT	SPOUSE
Employer(s) Name			
2007 Income earned from work by	\$	\$	\$
2007 Social Security Income (non-taxed) Include amounts for all household members	\$	\$	\$
2007 Child support received for all children	\$	\$	\$
2007 Welfare Benefits (including TANF) Do not include food stamps or subsidized housing.	\$	\$	\$
Earned Income Credit from IRS form	\$	\$	\$
Additional child tax credit from IRS form	\$	\$	\$
Money received, or paid on your behalf (e.g., bills) Other Untaxed Income: Sources _____	\$	\$	\$
Foreign Income Exclusion	\$	\$	\$
Untaxed payments to IRA KEOUGH Plans	\$	\$	\$
TOTAL(S)			

I (We) hereby certify that no income tax return has been or will be filed for the 2007 calendar year and that all 2007 income and benefits are reported in this statement.

STUDENTS SIGNATURE: _____ DATE: _____
 SPOUSE'S SIGNATURE: _____ DATE: _____
 FATHER'S SIGNATURE: _____ DATE: _____
 MOTHER'S SIGNATURE: _____ DATE: _____

SECTION III: HOUSEHOLD INFORMATION - ALL STUDENTS MUST COMPLETE!

Dependent Student , fill in this chart with information about you and family members reported on the Free Application for Federal Student Aid. This includes you, your parents and your parents' other dependents. MUST Include parents' date of birth & SS#.	Independent Student , fill in this chart with information you reported on the Free Application for Federal Student Aid. This includes you, your spouse, and your dependents.
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Full Name of Family Members	Date of Birth	Relationship to Student	Name of School or College	Parents' Social Security Number (Dependent Students Only)
		Student	Florida Memorial University	

IF YOUR TOTAL FAMILY HOUSEHOLD SIZE EXCEEDS 7, LIST THEM ON A SEPARATE PAGE

SECTION IV: CERTIFICATION (If you are a dependent student, a PARENT MUST SIGN THIS FORM.)

By signing this certification statement, I, (We), certify that all information reported on this application for financial assistance is complete and correct. I further certify that as of the date I sign this statement items 35 through 47 and either 51 and 52 or 53 and 54 on my SAR (if applicable) reflect any changes that have occurred since I applied, other than any changes caused by a change in marital status.

If you are the student, by signing this application you certify that you will use federal and/or state student financial aid only to pay the cost of attending Florida Memorial University, are not in default on a federal student loan or have made satisfactory arrangements to repay it, do not owe money back on a federal student grant or have made satisfactory arrangements to repay it, and will notify your school if you default on a federal student loan.

STUDENTS SIGNATURE: _____ DATE: _____
 SPOUSE'S SIGNATURE: _____ DATE: _____
 FATHER'S SIGNATURE: _____ DATE: _____
 MOTHER'S SIGNATURE: _____ DATE: _____

Information for Residency Classification

A Florida "resident for tuition purposes" is a person who has, or a dependent person whose parent or legal guardian has, established and maintained legal residence in Florida for at least twelve months. Residence in Florida must be as a bonafide domicile rather than for the purpose of maintaining a residence incident to enrollment at an institution of higher education. To qualify as a Florida resident for tuition purposes, you must be a U.S. Citizen, permanent resident alien, or legal alien granted indefinite stay by the Bureau of Citizen and Immigration Service. Other persons not meeting the twelve-month legal residence requirement may be classified as Florida residents for tuition purposes only if they fall within one of the limited special categories authorized by the Florida Legislature and Board of Education. All other persons are ineligible for classification as a Florida "resident for tuition purposes." Living in or attending school in Florida will not, in itself, establish legal residence. Students who depend on out-of-state parents for support are presumed to be legal residents of the same state as their parents. (s.1009.21,F.S.)

Non-Florida Residents

I understand that I do not qualify as a Florida resident for tuition purposes for the term for which this application is submitted and that if I should qualify for some future term, it will be necessary for me to file the required documentation prior to the beginning of the term to be considered for Florida residency classification.

Signature in Ink: _____ Date: _____

FLORIDA RESIDENTS

This section must be completed in full if you claim Florida residency for tuition purposes.

- ◆ **Attach copies (if any) of document required.**
- ◆ A notarized copy of your and/or your parents' most recent tax return or other documentation may be requested to establish dependence/independence.
 - Dependent:** a person for whom 50% or more of his/her support is provided by another as defined by the Internal Revenue Service.
 - Independent:** a person who provided more than 50% of his/her own support.
- ◆ A copy of marriage certificate is required in all cases of spouse claiming partners' residency.
- A. I am an **independent person** and have maintained legal residence in Florida for at least 12 months.
- B. I am a **dependent person** and my parent or legal guardian has maintained legal residence in Florida for at least 12 months.
- C. I am a **dependent person** who has resided of **five years** with an adult relative other than my parent or legal guardian, and my relative has maintained legal residence in Florida for at least 12 months. (**Required:** Copy of most recent tax return on which you were claimed as a dependent or other proof of dependency.)
- D. I am **married to a person** who has maintained legal residence in Florida for at least 12 months. I have now established legal residence and intend to make Florida my permanent home. (**Required:** Copy of marriage certificate, claimant's voter registration, and driver's license and vehicle registration.)
- E. I was **previously enrolled at a Florida state institution** and classified as a Florida resident for tuition purposes. I abandoned my Florida domicile less than 12 months ago and am now re-establishing Florida legal residence.
- F. According to the Bureau of Citizenship and Immigration Service, I am a **permanent resident alien or other legal alien** granted indefinite stay and has maintained a domicile in Florida for at least 12 months. (**Required:** INS documentation and proof of Florida residency status.)
- G. I am a **member of the armed services** of the United States and I am stationed in Florida on active military duty pursuant to the military orders, or whose home of record is Florida, or I am a **member's spouse or dependent child**. (**Required:** Copy of military orders or DD2058 showing home of record)
- H. I am a full-time instructional or administrative employee **employed by a Florida public school, community college or institution of higher education**, or I am the employee's spouse or dependent child. (Required: Copy of employment verification)
- I. I am part of the **Latin American/Caribbean Scholarship program**. (**Required:** Copy of scholarship papers)
- J. I am a qualified beneficiary under the terms of the Florida Prepaid College Program (s.240.551,F.S.), and not otherwise eligible.
- K. I am living on the Isthmus of Panama and have completed 12 consecutive months of college work at the F.S.U. Panama Canal Branch, or I am the student's spouse or dependent child. (Required: Copy of marriage certificate or proof of dependency)
- L. I am a **Southern Regional Education Board's Academic Common Market** graduate student. (Required: Certification letter from State Coordinator.)
- M. I am a full-time employee of a state agency or political subdivision of the state whose student fees are paid by the state agency or political subdivision for the purpose of job-related law enforcement or corrections training.
- N. I am a **McKnight Fellowship** recipient. (**Required:** verification from graduate studies).
- O. I am an active member of the Florida National Guard who qualifies under s.250.10 (7) and (8) for the tuition assistance program.
- P. I am an active duty member (or the spouse of the member) of the Armed Services of the United States attending a public community college or university within 50 miles of the military establishment where the member is stationed, if such a military establishment is within a county contiguous to Florida.
- Q. I am an **active duty member (or the spouse or dependent child of a member) of the Canadian military** residing or stationed in Florida under the North American Air Defense (NORAD) Agreement, attending a public community college or university within 50 miles of the military establishment where the active duty member is stationed.

**Persons claiming residency should complete this section in full.
(If student is dependent, parent or legal guardian must complete)**

- Documents supporting the establishment of legal residence must be dated, issued, or filed 12 months before the first day of classes of the term for which a Florida resident classification is sought. All documentation is subject to verification.
- Additional documentation other than what is required above may be requested in some cases.

PLEASE PRINT

1. Name of Student: _____ 2. Student Social Security Number: _____
3. Name of person claiming Florida residency: _____ 4. Claimant's relationship to student: _____
5. Claimant's legal address : _____
 Street/P O Box _____ Apt. No. _____ City _____ State _____ Zip Code _____
6. Claimant's telephone number: () _____
7. Date claimant began establishing legal Florida residence and domicile: ____/____/____
8. Claimant's voter registration State: _____ Number _____ County _____ Issued Date ____/____/____
9. Claimant's driver license State: _____ Number: _____ Issued Date ____/____/____
10. Claimant's vehicle registration State: _____ Tag Number: _____ Issued Date ____/____/____
11. Non U.S. Citizen only: Resident Alien Number: _____ Issued Date ____/____/____

(Copy of both sides of card required)

I do hereby swear or affirm that the above named student meets all requirements indicated in the checked category above for classification as a Florida resident for tuition purposes. I understand that a false statement in this affidavit will subject me to penalties for making a false statement pursuant to 83706, Florida Statutes and to BOR Rule 6C-6001 (60. F.A.C.)

Signature of person claiming Florida residency _____

_____ Date

TO BE COMPLETED BY FLORIDA RESIDENTS ONLY

STATE OF FLORIDA - DEPARTMENT OF EDUCATION
OFFICE OF STUDENT FINANCIAL ASSISTANCE

FLORIDA RESIDENT ACCESS GRANT APPLICATION

APPLICATIONS MUST BE SUBMITTED BY THE DATES SPECIFIED BY YOUR INSTITUTION

FLORIDA MEMORIAL UNIVERSITY 2008-2009

SECTION I: STUDENT INFORMATION- To Be Completed By Student (Print in Ink or Type)

Applicant's Name: _____ SS Number: _____
Last First Middle

Permanent Address: _____
Street City State Zip Code

Beginning Date of Permanent Residency in Florida: _____ Degree to be Earned: _____
Month Day Year

Applicant's Date of High School Graduation: _____ Applicant's High School: _____
Month Year Name City & State

Beginning Date of Parents' permanent residency in Florida: _____
Month Day Year

SECTION II: SUPPORTING STATEMENT OF APPLICANT ELIGIBILITY AND STATEMENT OF SELECTIVE SERVICE REGISTRATION STATUS

Read and check the appropriate statements and sign

I certify that:

- _____ I understand and meet the residency requirements of the Florida Resident Access Grant Program.
- _____ I have not previously earned a bachelor's degree.
- _____ I am not required to be registered with the Selective Services because: (check one)
- _____ I am a female.
- _____ I am in the armed services on active duty. (Note: Does not apply to members of the Reserves and National Guard who are not on active duty.)
- _____ I have not reached my 18th birthday.
- _____ I was born before 1960.
- _____ I am a citizen of the Federated States of Micronesia, the Marshall Islands or a permanent resident of the Trust Territory or of the Pacific Islands (Palau).
- _____ I certify that I am registered with Selective Service.

STUDENT CERTIFICATION

I have read and understand the conditions of this form. All the information provided by me or any other person on this form is true, correct, and complete. To the best of my knowledge and belief, I am eligible for State Tuition Voucher Funds as defined under Florida laws.

Signature of Student Date

Note: Many students require several types of financial assistance to meet all of their educational expenses. Also, by applying for financial aid, you will automatically be considered for all grants. Grants funds alone will NOT meet educational expenses. Please note that you must be enrolled full time (12 hours or more) to receive state grant funds. Students may be asked by their educational institution to provide additional documentation to verify their eligibility for State Tuition Voucher.

WARNING: ANY PERSON WHO KNOWINGLY MAKES A FALSE STATEMENT OR A MISREPRESENTATION ON THIS FORM SHALL BE SUBJECT TO A FINE OF NOT MORE THAN \$10,000 OR TO IMPRISONMENT OF MORE THAN 5 YEARS, OR BOTH, UNDER PROVISIONS OF THE UNITED STATES CRIMINAL CODE AND UNDER FLORIDA STATUTES-SECTION 837.06.