



## 2015-16 Supplemental Financial Aid Application, New Students

### Instructions for Financial Aid Applicants

You must complete all required applications/forms to be considered for scholarship, fellowship, grant and/or loan assistance. **The deadlines listed are for priority consideration.** Applications received after these deadlines will be processed; however, scholarship and/or grant assistance may be limited for late applicants.

- **By March 1, 2015 (October 15, 2015 for online M.S. in Early Childhood Education or Bilingual/ESL Certificate)**
  1. Complete the Free Application for Federal Student Aid online at [www.fafsa.ed.gov](http://www.fafsa.ed.gov). If you do not have a Personal Identification Number (PIN) issued by the Department of Education, you can request one at [www.pin.ed.gov](http://www.pin.ed.gov).
  2. Complete this supplemental application and return it to:  
 Financial Aid Office  
 451 North LaSalle Street  
 Chicago, Illinois 60654-4510

### PERSONAL INFORMATION

Social Security number \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Name \_\_\_\_\_  
(Last) (First) (Middle) (Maiden/Birth name)

Current address \_\_\_\_\_  
(Street)  
 \_\_\_\_\_  
(Street)  
 \_\_\_\_\_  
(City, State/Province) \_\_\_\_\_  
(Zip/Country code)  
 \_\_\_\_\_  
(Country if not U.S.) Current until: \_\_\_\_\_  
(MM/DD/YY)

Permanent address \_\_\_\_\_  
(Street)  
 \_\_\_\_\_  
(Street)  
 \_\_\_\_\_  
(City, State/Province) \_\_\_\_\_  
(Country, if not U.S.) \_\_\_\_\_  
(Zip/Country code)

Telephone - Residence \_\_\_\_\_ Telephone – Mobile \_\_\_\_\_

E-mail address \_\_\_\_\_

### FAMILY INFORMATION (do not leave blank)

List the people in your household, including: • Yourself • Your spouse • Your dependent children if you will provide more than half their support from July 1, 2015 through June 30, 2016 • Other people if they now live with you, and you provide more than half of their support and will continue to provide more than half of their support from July 1, 2015 through June 30, 2016. If any family members will attend college or work on a degree or certificate program on at least a half-time basis between July 1, 2015 and June 30, 2016, indicate the name of the college or university.

	Name and relationship to you	Age	College/University
You (the student)			Erikson Institute
Spouse			
Dependents (please include their relationship to you)			

**ENROLLMENT INFORMATION**

Do you plan to enroll in class(es) in **Summer 2015**?  Yes  No  Undecided

*Note: The above question applies to **Summer 2015** only. Summer 2016 is considered part of the 2016-17 financial aid award year and therefore is not included in the awarding of financial aid for 2015-16.*

**EMPLOYMENT INFORMATION**

Current employer: \_\_\_\_\_ Title / Position \_\_\_\_\_

Are you currently employed:  Full-time  Part-time  Not currently employed

Do you plan to work in 2015-16:  Full-time  Part-time  Don't plan to work  Don't Know

**RESIDENCY AND RESOURCES**

1. Please indicate your housing plans for 2015-16:

- With parents or in residence owned by parents;
- With relatives (other than parents/spouse/children) or in residence owned by relatives;
- Rent/own privately (but not with parents or relatives other than spouse/children)

2. Please list how much financial assistance for tuition, fees, books, transportation or child care you will receive for the upcoming academic year from the following sources:

Parents \$ \_\_\_\_\_ Employer Reimbursements \$ \_\_\_\_\_  
 Other Relatives \$ \_\_\_\_\_ Other (please explain) \$ \_\_\_\_\_

Outside scholarships (not federal, state, or Erikson sources):

Source \_\_\_\_\_ \$ \_\_\_\_\_  
 Source \_\_\_\_\_ \$ \_\_\_\_\_

3. Indicate your resources and liabilities below for 2015-16:

Resources and Liabilities	Student	Student's Spouse
Savings and Checking Accounts	\$ _____	\$ _____
Stocks and Bonds	\$ _____	\$ _____
Current Market Value of All Real Estate	\$ _____	\$ _____
Current Debt Owed for All Real Estate	\$ _____	\$ _____
Monthly Mortgage Payment on All Real Estate	\$ _____	\$ _____
Trust Funds	\$ _____	\$ _____
Private (non-federal) student loans	\$ _____	\$ _____

**Acknowledgements**

By signing this document, I acknowledge that I understand the following:

1. If I receive Federal Title IV funds, Erikson Institute will credit those funds directly to my student tuition account and refund to me only the amount remaining after all outstanding tuition and fees have been paid;
2. The Financial Aid Office may release personal information about me, including grades, required by external and internal scholarship donors; and
3. I must reapply for financial aid each year and it is my responsibility to obtain the materials and adhere to the deadlines set by the Financial Aid Office.

I hereby certify that the information provided on this application is complete and accurate.

\_\_\_\_\_  
 Applicant signature Date

Erikson Institute does not discriminate against any individual on the basis of race, color, religion, national origin, sex, sexual orientation, gender identity, gender expression, marital status, age, disability, or veteran status in matters of admission, employment, or services or in the educational programs or activities it operates, in accordance with civil rights legislation and institutional commitment. Any alleged violations of this policy should be directed to the Senior Vice President for Academic Affairs/Dean of Faculty.