



STUDENT FINANCIAL AID APPLICATION

ACADEMIC YEAR 2016-2017

Section A. General Student Information

First Name: _____ Middle Name: _____ Last Name: _____

Previous names used (A.K.A.s): _____

Address: _____ City: _____

State: _____ Zip Code: _____ Phone Number: _____

SSN: _____ Birth date: _____ Student ID: _____

Email address: _____

Please provide your current U.S. Citizenship *status* (e.g. U.S. Citizen, Permanent Resident, etc.):

Section B. 2016-2017 Academic Year Financial Aid Resources

Please indicate all financial aid resources offered through CNUCHS that you will utilize to assist with payment of tuition, fees, and/or other educationally related expenses.

- iHELP Loan Program
- Sallie Mae Smart Option Loan Program
- iHELP Select IV (**PMPB Only**)

Based on your selection(s) above, please indicate the following:

- I plan to utilize the above financial aid resource(s) to finance the cost of tuition and fees only.
- I plan to utilize the above financial aid resource(s) to finance the cost of tuition, fees, and other educationally related expenses.

- *Borrowing funds to cover the costs of other educationally related expenses increases total loan indebtedness and could result in higher monthly repayment amounts and a longer repayment term.*
- *CNUCHS will not release a student disbursement until all tuition, fees, and other current academic year charges are paid in full.*
- *Private educational loans are processed for the entire academic year, and as such, the total loan amount will be disbursed to CNUCHS in two substantially equal disbursements based on the loan period - first disbursement at the beginning of the loan period and the second disbursement at the midpoint of the loan period.*
- *CNUCHS will not certify a loan request in excess of the annual cost of attendance or the loan program maximum, whichever is less.*

Please list other types of financial aid resources you expect to receive in the 2016-2017 academic year that are not offered through the CNUCHS Student Financial Aid Office (e.g. scholarships, grants, etc.)

Resource Name	Anticipated Award Amount	Semester of Award

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Section C. 2016-2017 Academic Year Enrollment Plans

Please list information related to your enrollment plans at CNUCHS during the 2016-2017 year.

Academic Program	Year of Graduation	Anticipated Credit Load

Please list other programs you plan to attend concurrently with your attendance at CNUCHS during the 2016-2017 year.

Academic Program	School Name	School City & State

Section D. Authorizations

Student Account Authorizations: Please read each authorization section carefully and indicate **one** choice for each.

Authorization to pay prior year charges:

- I authorize California Northstate University, College of Health Sciences to use any credit balance, including one resulting from disbursement of private educational loans, for prior year charges.
- I do not authorize California Northstate University, College of Health Sciences to use any credit balance, including one resulting from disbursement of private educational loans, for prior year charges.

Authorization to pay current year non-institutional charges (e.g. school-sponsored health insurance, late registration fees, etc.):

- I authorize California Northstate University, College of Health Sciences to use any credit balance in excess of current academic year tuition and fees to cover other non-institutional charges.
- I do not authorize California Northstate University, College of Health Sciences to use financial aid funds, including any private educational loans, for prior year charges.

Authorization to pay future year charges:

- I authorize California Northstate University, College of Health Sciences to retain any credit balance, and apply such to future charges, which could include tuition and fees. I further understand that I will not receive a refund for the credit balance amount. I also understand that I may revoke this authorization anytime by submitting a written notice to the Student Financial Aid Office.
- I do not authorize California Northstate University, College of Health Sciences to retain any credit balance, instead please refund any credit balance on my account after all current academic year charges have been applied to available funds.



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Authorization to release Student Financial Aid Information: Due to FERPA Privacy Act laws, CNUCHS does not release information regarding your financial aid to any persons without your permission. If you wish to share your financial aid information with any person(s), please complete the following section:

_____ I authorize California Northstate University, College of Health Sciences Student Financial Aid Office to release any financial aid information, including applications and award status/documents to the following person(s):

Third party name: _____

Third party relationship: _____

Third party phone number: _____

Reason for release of information: _____

Student's signature: _____ **Date:** _____

Section E. Student Statements

Statement of Purpose: Please read and sign/date this section.

I understand that any financial aid funds, I receive as part of a student disbursement must be used to pay educationally related costs of attendance at CNUCHS.

Signature _____ Date: _____

Statement of Responsibility: Please read and sign/date this section.

I understand that it is my responsibility to report any changes to my enrollment status or other factors affecting my financial aid award(s) to the Student Financial Aid Office immediately.

Signature _____ Date: _____

Section F. Statement of Declaration

I certify, to the best of my knowledge, that any and all information reported on this application is true and correct. I understand that the misrepresentation of any information on this application could result in the unavailability of financial aid resources. I understand that CNUCHS is obligated by federal, state, and local laws to immediately report any behavior that constitutes fraud of financial aid funds.

Signature _____ Date: _____