



STUDENT FINANCIAL AID APPLICATION

ACADEMIC YEAR 2017-2018

Section A. General Student Information

*Please complete **EVERY** section of the application. Any incomplete area may cause a delay in your loan application and/or living expense check.

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

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

Address: _____ City: _____

State: _____ Zip Code: _____ Phone Number: _____

SSN: _____ Birth date: _____

Email address: _____

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

Section B. 2017-2018 Academic Year Financial Aid Resources

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

- Sallie Mae Smart Option Private Educational Loan
- Sallie Mae Parent Private Educational Loan
- iHELP Select IV Private Educational Loan

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.*
- *CNUCOM 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 CNUCOM 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.*
- *CNUCOM 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 2017-2018 academic year that are not offered through the CNUCOM Student Financial Aid Office (e.g. scholarships, grants, etc.)

Resource Name	Anticipated Award Amount	Semester of Award



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Section C. 2017-2018 Academic Year Enrollment Plans

Items with an asterisk () **MUST** be completed.

Please list information related to your enrollment plans at CNUCOM during the 2017-2018 year.

*Academic Program	*Year of Graduation	*Anticipated Credit Load

Please list other programs you plan to attend concurrently with your attendance at CNUCOM during the 2017-2018 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 Medicine 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 Medicine 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 Medicine 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 Medicine to use financial aid funds, including any private educational loans to cover other non-institutional charges.

Authorization to pay future year charges:

- I authorize California Northstate University, College of Medicine 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 Medicine 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, CNUCOM 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: *(Optional)*

_____ I authorize California Northstate University, College of Medicine 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 CNUCOM.

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 CNUCOM is obligated by federal, state, and local laws to immediately report any behavior that constitutes fraud of financial aid funds.

Signature _____ Date: _____