

STUDENT DATA FORM FOR 2009-2010

09-10
SDF

COMPLETE BOTH SIDES - PLEASE PRINT LEGIBLY

DELIVER OR MAIL TO:

PSU STUDENT ID NO. _____

OFFICE OF STUDENT FINANCIAL ASSISTANCE
103 HORACE MANN
1701 S. BROADWAY STREET
PITTSBURG, KS 66762-7534

LAST NAME FIRST NAME M.I.

PHONE: (620) 235-4240 OR
(800) 854-7488

LOCAL PHONE NO. (and/or) CELL PHONE NO.

WEBSITE: www.pittstate.edu/office/financial_aid/index.dot

E-MAIL ADDRESS ***

*** IMPORTANT *** IMPORTANT *** IMPORTANT ***

The Office of Student Financial Assistance (OSFA) will send all information regarding your financial assistance application to the e-mail address listed above, and to your Student Hut in Message Village. You **MUST** keep all personal information, including your **PREFERRED E-MAIL**, updated in GUS. You are responsible for checking your e-mail and your Student Hut for important messages about your financial assistance application.

STUDENT INFORMATION

PARENT INFORMATION

Pittsburg Address (while attending PSU, if known)

Mother/Father

Permanent (Home) Address

Home Address

City State Zip Code

City State Zip Code

Personal Contact Person (not a parent) Phone No.

Home Phone No.

Employer while attending PSU Work Phone No.

Employer Work Phone No.

◆ Living arrangements while attending PSU: _____ With Parents _____ Residence Hall _____ Off Campus

◆ I will be enrolled in the following program: _____ Technical Certificate _____ Associate Degree _____ 1st Bachelor Degree
_____ 2nd Bachelor Degree _____ Teacher Certification (have 1st Bachelor Degree)
_____ Master Degree _____ Ed Specialist (EDS)

◆ Anticipated Graduation Date _____ Major _____ Minor _____

◆ I will be enrolled in the following number of credit hours each of the following semesters: (Circle semester & hours enrolled.)

	(12 Hr UR/9 Hr GR)	(9-11 Hr UR/7-8 GR)	(6-8 Hr UR/6 Hr GR)	(Less than 6 Hr)
Fall 2009	Full Time	¾ Time	½ Time	Less than ½ Time
Spring 2010	Full Time	¾ Time	½ Time	Less than ½ Time
Summer 2010	Full Time	¾ Time	½ Time	Less than ½ Time

Will any of these hours be taken at another PSU site (such as KC Metro Center)? Yes _____ No _____

If YES, please list location: _____

Will any of these hours be taken at another institution during 2009-2010? Yes _____ No _____

If YES, what college? _____ If YES, what semesters? _____

Student Name _____

PSU ID No. _____

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FINANCIAL RESOURCES

During the 2009-2010 academic year:

- ◆ Are you receiving Veterans Benefits? Yes _____ No _____
- ◆ Are you receiving the Montgomery G.I. Bill? Yes _____ No _____

If YES, please contact the Veterans Office at PSU (620-235-4202) and request authorization papers for VA Benefits to be sent to the Office of Student Financial Assistance.

Other resources you will receive during the 2009-2010 academic year: **(Fill in all blanks. Enter "0" if not applicable.)**

	Monthly Amount		Monthly Amount
Job Partnership Training Act	_____	National Guard Scholarship	_____
ROTC Scholarship or Stipend	_____	BIA Funding	_____
Vocational Rehabilitation	_____	Other (Please specify)	_____

2009-2010 Scholarships you expect to receive:

Scholarship Name	2009 Fall Amount	2010 Spring Amount	Academic Year Amount
_____	_____	_____	_____
_____	_____	_____	_____

(If more than 2, check here and list on separate sheet.) _____

CHILD CARE

Number of dependents for which you, the student, will pay child care in 2009-2010: _____

Name and **complete** address of Care Provider required: _____ Total amount of Child Care Expenses you will pay in 2009-2010 (for the entire academic year): _____

\$ _____

Name

Street

City

State

Zip

2009-2010 CONSUMER INFORMATION

UNUSUAL CIRCUMSTANCES:

If you have any special circumstances that you feel were not considered when you completed the FAFSA, **please contact our office** to see if you are eligible to process an appeal. Special circumstances may include:

- Loss of income or benefits
- Death of parent or spouse
- Divorce or separation of parents (or student from spouse)
- Excessive medical or dental out-of-pocket expenses
- Change in assets (other than cash or savings)
- Secondary or elementary tuition
- One-time income
- Parent in college

PLEASE READ THE FOLLOWING INFORMATION BEFORE SIGNING THIS FORM:

I certify that I am aware of the following financial aid consumer information:

- I am aware my file may be selected for the Quality Assurance review and I may be required to provide additional documentation, even after financial aid is disbursed. I understand I may be responsible for any corrections made to my financial aid package.
- I am aware of the Satisfactory Academic Progress policies and procedures required by this office. Visit our website for more information. www.pittstate.edu/office/financial_aid/index.dot.
- I am aware of the refund/repayment policy as stated in the PSU catalog. <http://www.pittstate.edu/catalog/ScheduleofFees.html>.

***Please visit our website listed above regarding all of our financial aid policies.**

By signing this application, I certify that all of the information reported to qualify for federal student aid is complete and correct.

WARNING: If you purposely give false or misleading information on this form, you will be denied financial aid. You may be subject to a fine of up to \$20,000, imprisonment for up to five years, or both.

Student Signature

Date