

FINANCIAL AID DATA FORM

BSN EXCEPTIONAL SESSION (MAY 2008-JULY 2008)

INSTRUCTIONS: Complete and return to Office of Financial Aid, P.O. Box 2005, Thibodaux, LA 70310. If you are applying for any type of federal aid, do not leave any item on this form blank. If not applicable, indicate N/A on the line. The **2007-2008 Free Application for Federal Student Aid (FAFSA)** is used to determine your financial aid eligibility for the BSN Exceptional Session.

1. Name: _____ 2. Social Security Number: _____
3. Telephone Number: (_____) _____ 4. Are you interested in Student Employment? Yes No
(Indicate a # where you can be reached between 8:00-4:30.)
5. Where do you plan to live while attending NSU? With Parents On Campus Off Campus
6. Expected **college** graduation date: _____
(month) (year)
7. Indicate the credit hours for which you intend to enroll during the BSN Exceptional Session: _____ Credit Hours
8. List all the schools you have attended since high school.

College Name	City	State	Dates Attended	Degree Earned	Financial Aid (Y/N)

9. Complete this section if you anticipate receiving any of the following awards for the BSN Exceptional Session. Awards not indicated due to late awarding may result in a subsequent reduction of your financial aid award(s) for the BSN Exceptional Session, which may require you to **PAY BACK** money.

➤ Indicate the **amount** (if any) you anticipate receiving from each of the following for the BSN Exceptional Session. **DO NOT LEAVE THIS SECTION BLANK.** Answer zero if you are not receiving the award.

Athletic Grant-in-Aid	\$	LA Pathways	\$
Out-of-State Fee Waiver	\$	Acadiana Works	\$
Employee/Dependent Fee Waiver	\$	Work Connection	\$
Vocational Rehabilitation (non veteran)	\$	Americorps/National Service Trust	\$
National Guard Fee Waiver	\$	Bookstore Scholarship - <i>awarded by</i> _____	\$
Graduate Assistantship	\$	Other Scholarships - <i>awarded by</i> _____	\$
Residential Services Room Rent	\$	Other Scholarships - <i>awarded by</i> _____	\$

➤ Complete the following if you will receive VA benefits during the BSN Exceptional Session. Write the number of months you will receive benefits and the **MONTHLY** amount. **DO NOT LEAVE THIS SECTION BLANK.** Answer zero if you are not receiving the award.

	Number of Months	Monthly Amount
Veterans Educational Assistance Program (VEAP) – Chapter 32		\$
Dependents Educational Assistance Program – Chapter 35		\$
Montgomery GI Bill – Selected Reserve – Chapter 1606		\$
Montgomery GI Bill – Active Duty – Chapter 30		\$
Veterans Vocational Rehabilitation – Chapter 31		\$
Restored Entitlement Benefits for Survivors - Section 156		\$
Reserve Educational Assistance Program (REAP) – Chapter 1607		\$

STUDENT LOAN INFORMATION – Complete this section if you are interested in applying for a Stafford Loan.

NOTE: If you already received your maximum annual award during the Fall 2007 and Spring 2008 semesters, you will NOT be eligible for a loan during the BSN Exceptional Session.

10. If you are interested in a loan, indicate the amount you want to borrow: \$ _____
 You will be awarded the Subsidized and Unsubsidized Stafford Loan based on your requested loan amount or maximum eligibility.

ANNUAL STAFFORD LOAN LIMITS FOR 2007-2008 AWARD YEAR
 (The 2007-2008 award year includes Fall 2007, Spring 2008, and Summer 2008.)

DEPENDENT STUDENTS		Freshman (0-29)	Sophomore (30-59)	Junior (60-89)	Senior (90 +)	Graduate
	Subsidized & Unsubsidized		\$3,500	\$4,500	\$5,500	\$5,500

INDEPENDENT STUDENTS	Subsidized	\$3,500	\$4,500	\$5,500	\$5,500	\$8,500	
	Unsubsidized		\$4,000	\$4,000	\$5,000	\$5,000	\$12,000
	Total		\$7,500	\$8,500	\$10,500	\$10,500	\$20,500

* Students pursuing an Associate degree cannot exceed the Sophomore loan limit.

In order to be considered for a loan for the BSN Exceptional Session, you must be enrolled at least half-time (6 hours).

11. Choose **one** lender. To assist you in this decision, we have compiled a list of lenders that have established themselves as quality lending institutions in the student loan market. These lenders were chosen because they have a proven track record of superior customer service, timely processing, and great savings and benefits to students. You do not have to select a lender listed below. Every student has the right to choose a lender of his or her choice. If you would like to use a lender that is not listed below, indicate the lender name and lender code in the blank next to "Other". Lenders are listed in alphabetical order.

Same as last year [This option is only available for continuing student borrowers*. Transfer students and first-time freshmen must choose a lender. ***NOTE:** *Capital One* is no longer a student loan lender. If your loan was with Capital One, you must select a new lender.]

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|--|---|---|
| <input type="checkbox"/> Chase, 811925 | <input type="checkbox"/> Nellie Mae, 829076 | <input type="checkbox"/> Sallie Mae Education Trust, 802218 |
| <input type="checkbox"/> Citibank, 826878 | <input type="checkbox"/> Nelnet, 833669 | <input type="checkbox"/> Other: Lender Name _____ |
| <input type="checkbox"/> LELA/SuperTOP, 805149 | <input type="checkbox"/> Regions, 810612 | Lender Code _____ |

12. Are your parents interested in a PLUS loan? Yes No

NOTE: Your parent must complete the pre-approval process through the lender of their choice.

13. Applicants for all types of aid must read and sign below.

- I understand that the Office of Financial Aid must verify the information I submit on my FAFSA and that any errors discovered during the process of verification must be corrected. I allow the Office of Financial Aid to make the necessary corrections in order to complete my application for financial assistance.
- By signing below, I authorize Nicholls State University to apply any remaining Title IV funds (i.e. Pell Grant, SEOG, ACG, SMART, Stafford Loans) that I may receive to other educational charges outside of tuition, fees, room, and board charges such as parking fees/fines and lab fees. If I do not wish for these funds to be applied in this manner, I will attach a letter to this form explaining this. I can rescind this authorization at any time by contacting the Office of Financial Aid.
- By signing below, I authorize Nicholls State University to activate my Nicholls account if my financial aid is equal to or greater than the tuition and fees due for the applicable period. I understand that, if I decide **not** to attend Nicholls, I will notify the University as soon as possible, and I will return to Nicholls any amount paid to me as a result of any financial aid credit posted to my student fee bill. Should I fail to notify Nicholls that I am not attending, I will be responsible for paying my tuition and fees.
- I understand that I must meet the minimum satisfactory academic progress standards to be eligible for Title IV aid.
- **I certify that the above information is true and correct to the best of my knowledge. I understand that if this form is not completed properly, it will be returned to me for proper completion, possibly resulting in a delay in the processing of my aid.**

Student's Signature _____ Date _____