INFORMATION SHEET 2009-2010

PLEASE PRINT (use ink) ☐ **Undergrad Studies** ☐ **Chiropractic** ☐ **MCAOM** ☐ **Massage Therapy**

1. Name: _____
Last First MI Maiden

2. Social Security #: _____-_____-_____ **NWHSU ID #:** _____ **3. Date of Birth:** _____/_____/_____

4. Permanent Address: _____
Street City County State Zip Code

5. Local Address: _____
Street City County State Zip Code

6. Phone No: (_____) _____ **7. E-mail Address:** _____

8. Driver's License No: _____ **State:** _____

9. While attending college during 2009-2010, I plan to live: _____ With Parents _____ Not with Parents

10. Do you have a bachelor's degree? _____ Yes _____ No

11. If no, <u>will you complete the requirements for a bachelor's degree</u> prior to attending Northwestern Health Sciences University? _____ Yes _____ No

12. Will you be receiving financial assistance from any of the following programs?

Veteran's Benefits	_____ Yes	_____ No	Job Training Partnership Act	_____ Yes	_____ No
AmeriCorps Benefits	_____ Yes	_____ No	Scholarship (Non-NWHSU)	_____ Yes	_____ No
Vocational Rehabilitation	_____ Yes	_____ No	Other: _____	_____ Yes	_____ No

13. Will you be attending another institution while at NWHSU? _____ Yes _____ No
If yes, please list institution _____

Will you be receiving financial aid from another institution? _____ Yes _____ No
(Federal law prohibits concurrently receiving financial aid at more than one college.)

14. References: You must provide two separate references with different U.S. addresses. The first reference should be a parent (if living) or legal guardian. Both references must be completed in full.

	REFERENCE #1	REFERENCE #2
Name		
Permanent Address		
City, State, Zip Code		
Area Code/Telephone		
Relationship to Borrower		

15. I would like to be considered for the College Work Study Program: _____ Yes _____ No

16. I wish to borrow loans as indicated below:

_____ Not to exceed $_____ (specific amount), or

_____ Maximum available (using federal, state, private and institutional guidelines).

PLEASE KEEP YOUR BORROWING TO A MINIMUM AND BORROW WISELY. THESE ARE LOANS THAT MUST BE REPAID AND FAILURE TO DO SO WILL RESULT IN DEFAULT. DEFAULT HAS VERY SERIOUS CONSEQUENCES!

CERTIFICATION: I certify that all information on this information sheet is complete and correct. WARNING: If you purposely give false or misleading information, you may be fined, sentenced to jail, or both. I understand that financial aid awarded and related processing are subject to change.

Student's Signature: _____ Date: _____

Return to:
NORTHWESTERN HEALTH SCIENCES UNIVERSITY, Student Records and Financial Services
2501 West 84th Street, Bloomington, Minnesota 55431-1599