

Logan University
Financial Aid Application

(Please see page two additional information and signature requirements)

Name: _____ Social Security No: _____
First MI Last

Permanent Address: _____
Street City State Zip Code
Permanent Phone: (____) _____ Email Address: _____

Current Address: _____
Street City State Zip Code
Mobile Phone: (____) _____

Are you a United States Citizen? Yes No (Circle One)

If No, are you a permanent resident? Yes No (Circle One)

If Yes, then please provide your Alien Registration Number: A-_____

Will you live with parents while attending Logan? Yes No (Circle One)

Birth Date: _____ Marital Status: _____ Number of children? _____

Will you have received a Bachelor's degree before entering Logan University? Yes No (Circle One)

If No, how many semester hours do you expect to transfer? _____

Will you be seeking a degree from Logan? Yes No (Circle One)

Will you be taking Accelerated Science Courses? Yes No (Circle One)

Which program will you enroll? ASP Doctor of Chiropractic Master's Program (Circle One)

Expected date of enrollment? _____ (Month & Year)

Will you be attending Logan and another school at the same time? Yes No (Circle One)

If Yes, will you be requesting financial aid from both schools? Yes No (Circle One)

Indicate the amount of assistance you will receive from the following sources:

\$ _____ Vocational Rehabilitation (Tuition/books/maintenance/transportation/child care)
\$ _____ Veterans Benefits (Attach award letter, confirming monthly benefits and ending date)
\$ _____ Tuition Assistance (Employer or Military)
\$ _____ Independently Administered Scholarship If so, please name _____
\$ _____ Other (Specify): _____

Have you received any private educational loans while attending a previous institution? Yes No (Circle One)

(OVER)

If so, please list the company that you received the loan through and the amount of the private loan.

| Company | Amount | Is the loan deferrable? | |
|---------|--------|--------------------------|----|
| | | (Circle Yes or No below) | |
| _____ | _____ | Yes | No |
| _____ | _____ | Yes | No |

Please list ALL colleges and universities you have attended previously.

| Colleges/Universities | Federal Aid Received Yes/No |
|-----------------------|-----------------------------|
| | (Stafford, Perkins, Pell) |
| _____ | |
| _____ | |
| _____ | |
| _____ | |

I have read and understand all instructions on this application.

I declare, under penalty of perjury, that all information reported on this application is true and correct to the best of my knowledge. I understand that entering false or misleading statements on this form or any other financial aid form may subject me to federal and/or state fines, penalties, or imprisonment.

Signature

Date

Please return this application to the following address:

Logan University
Financial Aid Office
1851 Schoettler Road
Chesterfield, MO 63017
Telephone: 636-227-2100/800-782-3344