## Logan College of Chiropractic/University Programs Financial Aid Application for Masters Only

Name:		Se	ocial Security No: _			
Last	First	MI				
Permanent Address:						
Permanent Phones (	Street )	City		State	ZIP Code	
remanent rnone: (	)		Linan Address:			
					7: 0 1	
Str Local Phone: (	eet )	City		ate 1 States Citiz	Zip Cod zen?	
If not a citizen, are y	ou a permanent resident?	GAI	ien Registration N	umber: A		
Will you live with pa	arents while attending Logan? (che	eck one)	Yes	No		
Birth Date:	Marital Status:		Nu	nber of child	lren?	
Are you applying for	the on-line only Master's Degree	? (Check		No		
Which Master's Deg	ree are you applying for? (Check o	one)	Sports Science	e N	utrition	
Expected date of en	rollment? (M	onth & Y		1S		
				Y T		
Indicate the amount	of assistance you will receive fror	n the follo	owing sources:	P		
\$	Vocational Rehabilitation (Tui	tion/bool	ks/maintenance/tr	ansportation	/child care)	
\$	Veterans Benefits (Attach awar	d letter, c	onfirming monthly	benefits and	d ending date)	
\$	Tuition Assistance (Employer of	or Military	7)			
\$	Independently Administered S	cholarshij	o If so, please nan	ne		
\$	Other (Specify):	193	)			
Have you received a	ny private educational loans while	attendin	r a previous institu	tion?		
Trave you received a		(Check or	- <b>-</b>	No		
If so place list the	company that you received the loa		,		loop	
-	company that you received the loa	_		-		
Company		Amount			<b>Is the loan deferrable?</b> (Check Yes or No below)	
				Y	es No	
				Y	es No	

\_\_\_\_\_ Yes No

List <u>ALL</u> colleges/universities previously attended.

School Name	Federal Aid Received (Stafford, Perkins, Pell)

## Special Circumstances

Logan College of Chiropractic realizes that special circumstances occur which may affect a student's eligibility for financial aid. If you or your family has recently experienced financial difficulties, unemployment, high medical or dental expenses, private school tuition or educational loan payments, please provide an explanation below. The financial aid office will contact you upon review of this information and inform you if adjustments can be made to account for these circumstances. You will be required to provide documentation of these expenses.

## I have read and understand all instructions on this application.

I hereby affirm and declare that all statements contained in this application for financial aid are true, correct, and complete and that I have not misrepresented or withheld any fact that would, if fully and accurately disclosed, affect my application unfavorably. I understand that false statements, misrepresentations, and/or omissions on this application may be considered sufficient cause for rejection of this application.

Date

Please return this application to the following address:

Office of Financial Aid Logan College of Chiropractic/University Programs 1851 Schoettler Road, P.O. Box 1065 Chesterfield, MO 63006-1065 Telephone: (636) 227.2100 (800) 782.3344