

Logan College of Chiropractic/University Programs
2012-2013 Financial Aid Application
(See reverse side for additional information and signature requirements)

Name _____ Social Security No: _____
Last First MI

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? _____
If not a citizen, are you a permanent resident? _____ Alien Registration Number: A- _____

Will you live with parents while attending Logan? Yes: _____ No: _____

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

Will you have received a Bachelor's degree before entering Logan College? Yes _____ No _____

If you have not received a Bachelor's degree, how many semester hours do you expect to transfer? _____

Will you be seeking a degree from Logan? Yes No (check one)

Will you be taking Accelerated Science Courses? Yes No (check one)

Which program will you enroll? (check one) ASP/BS Doctor of Chiropractic Master's Program

Expected start date? _____ (Month & Year)

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?

(Check One) Yes No

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? (Check Yes or No below)
_____	_____	Yes No
_____	_____	Yes No

(OVER)

Please list ALL colleges and universities you have attended previously.

Colleges/Universities	Federal Aid Received Yes/No (Stafford, Perkins, Pell)	Attend after July 1, 2012? (Check yes or no below)	
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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 by fax, email or mail 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
Fax: (636) 207-2416