Logan College of Chiropractic/University Programs 2012-2013 Financial Aid Application for Masters Only

(See reverse side for additional information and signature requirements)

Name		Social Security No:				
Last	First	ΜI				
Permanent Address: _						
	Street	City	State	ZIP Code		
Permanent Phone: ()	Em	Email Address:			
Local Address:						
Stree	t	City	State	Zip Code		
Local Phone: ()		Are	you a United States	Citizen?		
If not a citizen, are you	u a permanent resident?	Alien R	egistration Number:	A		
Will you live with pare	ents while attending Logan	? (check one)	Yes No			
Birth Date:	Marital Sta	atus:	Number of	children?		
Are you applying for t	he on-line only Master's Do	egree? (Check one)	Yes No			
Which Master's Degre	ee are you applying for? (Cl	neck one)	Sports Science	Nutrition		
Expected date of enro	llment?	_ (Month & Year)	12			
Indicate the amount o	of assistance you will receive	e from the following	sources:			
\$	Vocational Rehabilitation	(Tuition/books/ma	intenance/transport	ation/child care)		
\$	Veterans Benefits (Attach	award letter, confirm	ning monthly benefi	ts and ending date)		
\$	Tuition Assistance (Emplo	ion Assistance (Employer or Military)				
\$	Independently Administe	ependently Administered Scholarship If so, please name				
\$	Other (Specify):	1933				
Have you received any	private educational loans	while attending a pre	evious institution?			
		(Check one)	Yes No			
If so, please list the co	mpany that you received th	ne loan through and	the amount of the pr	rivate loan.		
Company		Amount		Is the loan deferrable? (Check Yes or No below)		
				Yes No		
				Yes No		
				Yes No		

(OVER)

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

School Name	Federal Aid Received (Stafford, Perkins, Pell)	Will you Attend after July 1, 2012? (Check yes or no below)	
		_ Yes	No
		_ Yes	No
		Yes	No
		Yes	No

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.

Telephone: (636) 227-2100

(800)782-3344

Fax: (636) 207-2416

Date

Please return this application by email, fax 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