

(OVER)

List ALL 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.

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

Telephone: (636) 227-2100
(800)782-3344
Fax: (636) 207-2416