



# FINANCIAL AID APPLICATION

4642 Cleveland Ave. NW Canton, OH 44709

**Enrollment Status:**  New Student  Returning Student  Transfer Student

**Program:**  Cosmetology  Esthetics  Managing Manicurist **Schedule:**  Day  Eve

**Start Date:**  Jan  Feb  Mar  Apr  May  Jun  Jul  Aug  Sep  Oct  Nov  Dec  Undecided

\_\_\_\_\_  
(LAST) (FIRST) (MIDDLE) (MAIDEN NAME)

SOCIAL SECURITY #: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
(STREET) (CITY) (STATE) (ZIP)

HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

Single  Married-Date: \_\_\_\_\_  Separated-Date: \_\_\_\_\_  Divorced or Widowed-Date: \_\_\_\_\_

High School Diploma  G.E.D  Home Schooled

Number of dependent children for whom you are financially responsible \_\_\_\_ Ages of children \_\_\_\_\_

Where will you live while in school?  With parents  With spouse  On my own  With roommate

Will you be working while you are attending school?  Yes  No

Have you attended any school/college since high school?  Yes  No

Have you/will you receive any scholarships or other tuition assistance?  Yes  No

If yes, please list source and amount: \_\_\_\_\_ \$ \_\_\_\_\_

Do you have any special financial circumstances you would like to tell us about?

\_\_\_\_\_  
\_\_\_\_\_

FATHER'S NAME: \_\_\_\_\_ PHONE : \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
(STREET) (CITY) (STATE) (ZIP)

MOTHER'S NAME: \_\_\_\_\_ PHONE : \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
(STREET) (CITY) (STATE) (ZIP)

(PLEASE COMPLETE OTHER SIDE)

## FINANCIAL AID INFORMATION

The Free Application for Federal Student Aid (FAFSA) is used to apply for any federal funds such as the Pell Grant, and loans. To apply for federal financial aid, you must fill out the FAFSA at [www.fafsa.ed.gov](http://www.fafsa.ed.gov). Use school code 011744. Please check the appropriate box regarding your FAFSA filing status:

- I have completed the FAFSA and have received an acknowledgement from the FAFSA processor that the application process is complete. Date FAFSA filed: \_\_\_\_\_
  
- I have completed the FAFSA, but need to add National's school code. Date you will refile: \_\_\_\_\_
  
- I will complete the FAFSA. Date you will file: \_\_\_\_\_

*\*Missing signatures on the FAFSA can delay the application process!*

**Certification:** I certify that the information provided by me in this application is true to the best of my knowledge. I also authorize the Financial Aid Office to discuss information on this application or other financial aid documents with other offices and personnel within the school.

\_\_\_\_\_  
(Applicant's Signature)

\_\_\_\_\_  
(Date)

Office Use Only:							
ISIR ____	EFC _____	Verif ____	NSLDS ____	COD ____	Pell % _____	MPN ____	Prev Enr _____
ISIR ____	EFC _____	Verif ____	Used - Pell _____	Sub _____	Unsub _____		FTB? _____
ISIR ____	EFC _____	Verif ____	Loan Limits Left - Sub _____		Unsub _____		
ISIR Req _____	ISIR Req _____					Exit Counseling _____	