

FINANCIAL ASSISTANCE DATA

IMPORTANT INSTRUCTIONS:

This page is photocopied and sent directly to the Viterbo College Financial Aid Office. Therefore, we ask that you supply your name, social security number and address once again for that office. This assures that you will be considered for financial assistance.

Student Social Security Number: _____ - _____ - _____

Student Full Name: _____
last first middle

During the school year, I will live in:

_____ Campus Housing _____ Off Campus Apartment _____ Parent Home _____ Student's Own Home

I will be attending classes: _____ On-Campus (La Crosse Campus)

Off-Campus: Site _____

Expected Enrollment: _____ Fulltime (12+ credits/semester)

Financial assistance cannot be awarded to students enrolled less than halftime.

_____ Three-quarter time (9-11) credits/semester

Semester you plan to begin enrollment: _____

_____ Halftime (6-8 credits/semester)

Please list below **all** colleges, universities, or voc-tech schools you have previously attended, regardless of whether or not you received financial assistance (list additional schools on back of form):

College Name _____ Dates Attended _____ Degree Earned _____

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College Name _____ Dates Attended _____ Degree Earned _____

Indicate below **assistance you will receive** for the full year from the following sources. [List yearly amount(s)]

\$ _____ Vocational Rehabilitation	\$ _____ Private Scholarship (Source other than Viterbo)
\$ _____ R.O.T.C.	\$ _____ Employer Assistance/ Reimbursement
\$ _____ Veteran's Benefits	\$ _____ Other (Source)

I CERTIFY THAT THE INFORMATION SUBMITTED IN THIS SECTION IS TRUE AND COMPLETE AND THAT:

- I will use the proceeds granted under this application only for the payment of tuition and required fees, room and board, books, instruction equipment, and other education-related expenses.
- I will keep the Financial Aid Office informed as to changes in my enrollment status, marital status, permanent or local address, and outside loans, grants or scholarships received.
- I authorize the Financial Aid Office to release any information that may be required by an agency or donor offering Financial Aid.
- I understand I must make satisfactory academic progress, according to institutional and federal guidelines, in order to continue receiving financial aid.

Student Signature _____ Date _____

Financial Aid Office
Viterbo College
815 S. 9th Street • La Crosse, WI 54601
1-800-VITERBO