APPLICATION FOR FINANCIAL AID
2008 - 2009

All students applying for financial aid must complete and return this application to the Office of Financial Aid. Incomplete forms may delay or reduce possible awards.

1. Name__________________________________________  2. Soc. Sec.#_______/_____/______
   Last           First           Md.

3. Address __________________________________________________________
   No. & Street     City
   ___________________________________________
   County            State            Zip

4. Home Telephone (   ) _______ - _______        Student cell phone # (   ) _______ - _______

5. Birth Date _______/_____/______        Student e-mail address ________________________________

6. Check appropriate school:  _____ Undergraduate Day School
   _____ Continuing Education   _____ Day _____ Evening
   _____ Weekend Program

7. Anticipated attendance for the Academic Year 2008-2009
   _____ Fall and Spring
   _____ Fall 2008 only
   _____ Spring 2009 only

8. Enrollment Status:   9. Admissions Status:
   _____ Full-time        _____ Freshman
   _____ 3/4 time         _____ Transfer
   _____ 1/2 time         _____ Readmitted
   _____ Less than 1/2 time

10. Have you previously attended any colleges/universities other than Delaware Valley College?  ____ yes  ____ no

11. If yes, how many years? ______

Did you receive Financial Aid?  ____ Yes  ____ No

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<tr>
<th>Name of College/University</th>
<th>Address</th>
<th>Dates of Attendance</th>
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COMPLETE REVERSE SIDE
12. Expected residence during the school year will be:

   ____ On Campus/Dorm Resident

   ____ With Parents

   ____ Off Campus NOT residing with parents. Provide address and phone number of off campus address, if known. This must be provided to the Financial Aid Office when available.

   ______________________________________________

   ______________________________________________

   Off campus phone # (_____) __________________

13. Intended major: ____________________________________________

14. Anticipated graduation date: _______________________________

15. Degree you plan to earn? ____ Bachelor  ____ Associate  ____ Certificate Program

16. Are you attending DVC on a Student Visa? ____ yes  ____ no

17. List any anticipated support from a source other than the Delaware Valley College Office of Financial Aid. Include Student Assistance Compensation, tuition assistance, private scholarships, veterans benefits, vocational rehabilitation, etc.

   Source: ___________________________ Amount: __________________

   Source: ___________________________ Amount: __________________

18. Please list below any jobs, significant activities, awards, community service, etc. that you have been involved in during the past year:

19. Please list below any additional information that might be helpful in accurately assessing your need for financial aid: