UPPER-CLASS APPLICATION FOR FINANCIAL AID 2008-2009

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

1. Name ____________________________________________ 2. Soc. Sec.# ______ / ______ / ______
   Last               First               Middle

3. Address ____________________________________________
   No. & Street            City
   County                  State                  Zip

4. Home Telephone (___) - ______ Student’s cell phone # (___) ______ - ______
5. Birth Date ___ / ___ / _____   Student’s e-mail address: __________________________

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

7. Anticipated attendance for the academic year 2008-2009
   _____ Fall and Spring 2008-2009
   _____ Fall 2008 only
   _____ Spring 2009 only

8. Enrollment Status:
   _____ Full-time
   _____ 3/4 time
   _____ 1/2 time
   _____ less than 1/2 time

9. Admission Status:
   _____ Sophomore
   _____ Junior
   _____ Senior

10. Expected residence during the school year: _____ Parents Home _____ On-Campus
    _____ Off Campus - NOT residing with parents

Off Campus Address: The Financial Aid Office must have your off campus address for 2008-2009.

________________________________________________________________________

11. Major: ______________________________________________

12. Anticipated Graduation date: _________________________

COMPLETE REVERSE SIDE
13. Are you attending DelVal on a Student Visa? ________ Yes ________ No

14. 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 $  

Source________________________________________Amount $  

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

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

Return to:  Financial Aid Office, 2ND floor, Lasker Hall

Mail to:  Financial Aid Office  
700 East Butler Avenue  
Doylestown, PA  18901  

Phone:  215 489-2272  
FAX:  215 489-4959  
finaid@delval.edu