



DIRECTIONS: Please have your parent take this form to the financial aid office of the college she/he is planning on attending during the 2016-2017 school year. Once the form is completed please return it to our office immediately. **Salisbury University, Financial Aid Office, 1101 Camden Avenue, Salisbury, MD 21801.**

Name of SU Student _____ SS# _____
(print)

Name of Parent Attending College _____ SS# _____
(print)

Name of College Parent is Attending in 2016-2017 _____

TO BE COMPLETED BY PARENT OF SU STUDENT

Are or will you be receiving monetary assistance from an outside source to cover any portion of your bill? **YES or NO**
If yes, please list from what source(s) and how much will be received.
_____ Amount \$ _____

Are or will you be receiving a monetary reimbursement upon the completion of your course(s)? **YES or NO**
If yes, please list from what source(s) and how much will be received?
_____ Amount \$ _____

TO BE COMPLETED BY THE FINANCIAL AID OFFICE

How many credits is the student enrolled for during the fall 2016 semester? _____ Cost \$ _____
(Tuition and Fees)

How many credits is the student enrolled for during the spring 2017 semester? _____ Cost \$ _____
(Tuition and Fees)

Is the student enrolled in a degree-seeking program? **YES or NO**
If yes, write the name of the degree-seeking program? _____

Has the student applied for financial aid (FAFSA) for the 2016-2017 academic year? **YES or NO**
If yes, please list the Source(s) and Amount(s) that are/will be receiving.

Source _____ Amount \$ _____ Source _____ Amount \$ _____
Source _____ Amount \$ _____ Source _____ Amount \$ _____

Is the student receiving any other form of assistance? **YES or NO**
If yes, please list the Source(s) and Amount(s) that are/will be receiving.
Source _____ Amount \$ _____ Source _____ Amount \$ _____

Name of Financial Aid Officer _____ Date _____
(print)

Signature and Title of Financial Aid Officer _____
Address and Phone Number _____ (____) _____