



2009-2010 Financial Aid Data Form

Complete, sign, and return this form to:
Office of Student Financial Assistance
University of Southern Indiana
8600 University Boulevard
Evansville, IN 47712

On-line version at www.usi.edu/finaid/

This form and the 2009-2010 Free Application for Federal Student Aid (FAFSA) must be completed by all students who are applying for need-based grants, loans, and work study employment at USI for fall 2009 through summer 2010.

PART A - PERSONAL DATA

USI STUDENT ID NUMBER _____ (If known, please provide.)

SOCIAL SECURITY NUMBER _____ (Copy this from your Social Security card.)

NAME _____
Last
First
Middle
Maiden or Previous Name

NOTES: The Student Financial Assistance Office will use your MyUSI and your official USI address to correspond with you. Please keep your postal and email addresses updated through MyUSI or by written, signed, and dated instructions to the USI Registrar's Office.

Please set up your email accounts to recognize and accept correspondence from finaid@usi.edu and cpsnotify@cpsemail.ed.gov.

PART B - PARENT'S DATA (Dependent Students Only)

1. Name _____	2. Name _____
Street Address _____	Street Address _____
City/State/Zip _____	City/State/Zip _____
Phone _____	Phone _____

PART C - DEGREE/CERTIFICATE STATUS

- ___ Undergraduate - I am working toward my first associate or baccalaureate degree.
- ___ Post-graduate - I have a baccalaureate degree but will enroll in undergraduate classes and work towards a new degree/certificate.
- ___ Graduate - I have a baccalaureate degree; I am working toward a master's degree .
- ___ Non-degree - I am not working toward a degree and understand that special students are not eligible for federal or state aid.
- ___ Teacher's Certification - I have a degree but need specific classes for certification.

PART D - CHILD CARE EXPENSE	PART E - VETERAN'S DATA
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If you will be paying for child care (baby-sitting) expenses during the 2009-2010 school year in order to attend USI, please indicate below:

_____ Children under age 6
 \$ _____ MONTHLY amount **per child**

_____ Children age 6-12
 \$ _____ MONTHLY amount **per child**

Write in the number of months in 2009-2010 in which you will receive VA benefits and the MONTHLY amount.

	Number/ Months	Monthly Amount
Montgomery GI Bill (Chapter 30)	_____	_____
Post-9/11 GI Bill (Chapter 33)	_____	_____
Selective Reserve Pay (Ch. 1606 or 1607)	_____	_____
Vocational Rehabilitation (Chapter 31)	_____	_____
Dependents' Ed. Assist.(Chapter 35)	_____	_____
Other types of Veterans Education Benefits (_____)	_____	_____

CONTINUED ON OTHER SIDE

PART F - SCHOLARSHIPS AND OTHER ASSISTANCE

Yes No Do you give USI permission to share your personal information with private scholarship agencies and University scholarship committees so that you may be considered for scholarships and grants?

Yes No Do you anticipate receiving athletic aid from USI? If yes, enter the annual amount(s) below.

Tuition/fees \$ _____ (per year) List sport(s) for which aid is anticipated: _____
Room/board \$ _____
Books \$ _____

Yes No Do you anticipate receiving a private (not state, federal, or USI) scholarship or financial assistance from a source outside of USI? If yes, list the assistance/scholarship(s) and the total yearly amount. Include vocational rehabilitation, VA Chapter 31 books and supplies, UAW, Workforce Development, and any other agency that will help with college costs.

_____ Amount Anticipated (per year) \$ _____
_____ \$ _____
_____ \$ _____

NOTE: Scholarships from outside USI will be divided between fall and spring semesters if they exceed \$299. Please provide written instructions from the scholarship donor if a check is intended for fall or spring only. DO NOT send checks with your bill. Please send checks to the Student Financial Assistance Office.

PART G - PRIOR POSTSECONDARY EDUCATION

If you are applying for financial aid at USI, and have attended or will attend other postsecondary institutions within the three month period prior to enrolling or re-enrolling at USI, please list information for each institution.

Full Name of School	City/State	Dates of Attendance (month/year)
_____	_____	From: ____ / ____ / ____ To: ____ / ____ / ____
_____	_____	From: ____ / ____ / ____ To: ____ / ____ / ____

PART H - SPECIAL FAMILY OR STUDENT CIRCUMSTANCES

The space below is provided for any comments you may wish to make to help the staff evaluate your application for financial assistance. Attach additional sheets if necessary.

MAINTAINING MY ELIGIBILITY FOR FEDERAL AND STATE FINANCIAL ASSISTANCE

If your status changes at any time (for example, if you change from degree-seeking to special/guest status or drop from full-time to part-time enrollment), you may lose eligibility for federal and state programs which include but are not limited to the following:

Federal Programs: Pell Grant; Stafford Loan; PLUS Loan; Supplemental Grant; ACG; SMART; and Work Study.

State of Indiana Programs: Higher Education Award; 21st Century Scholars Program; National Guard Supplemental Grant; and Work Study.

By signing this application you certify (1) that the information provided is correct and current at the time of signing, (2) that you understand that status changes at any time during the academic year may cause you to lose eligibility for certain types of financial assistance, (3) that you understand the importance of checking your MyUSI regularly.

Student Signature _____ Date _____

FOR ACCURATE AND UP-TO-DATE INFORMATION PLEASE CHECK YOUR MYUSI REGULARLY!