CORNFIELDS CHAPTER

CHAPTER STUDENT FINANCIAL ASSISTANCE PROGRAM APPLICATION

DOCUMENTS TO BE SUBMITTED WITH YOUR APPLICATION

_____ Letter of Acceptance
_____ Voter Registration Receipt
_____ Copy of Social Security Card
_____ Unofficial Transcript
_____ Class Schedule

TERM APPLYING FOR:

Fall _____
Spring _____
Winter _____
Summer ONLY _____
Others _____

Please fill all information that applies to your request.

SOCIAL SECURITY NO.:	**CENSUS NO.:**	**LEGAL NAME: (Last, First, Middle)**

CURRENT MAILING ADDRESS: City/State/Zip — **TELEPHONE NO.:**

PERMANENT Home address: City/State/Zip — **TELEPHONE NO.:**

DATE OF BIRTH:	**GENDER:** Male ☐ Female ☐	**ARE YOU A REGISTERED VOTER?** Yes ☐ **WHICH CHAPTER?** No ☐

NAME OF PARENT(S)	**MAILING ADDRESS: City/State/Zip**

HIGH SCHOOL ATTENDED: Name/City/State/Zip	**MONTH/YEAR GRADUATED:**

COLLEGE CLASSIFICATION (Beyond High School Deplom):

☐ Freshman ☐ Sophomore ☐ Junior ☐ Senior ☐ Graduate ☐ Post Graduate ☐ Youth Enrichment

TYPE OF DEGREE YOU WILL EARN (Circle One) — **FIELD BASE**

Type Degree:

A.A./A.S./A.A.S. **B.A./B.S.** **M.A./M.S.** **ED.D./M.D./PH.D/J.D.** **B.A./B.S./M.A.**

COLLEGE OR UNIVERSITY (Undergraduate and Graduate) YOU WILL ATTEND: (Address)

UNDERGRADUATE ONLY (Required Information): Major

GRADUATES ONLY (Required Information): Major

I WILL BE ATTENDING COLLEGE (Please check one):

☐ Undergraduate Full-time (12 Credit hours or more)
☐ Part-time (Less than full-time credit hours for Undgraduate/Graduate)
☐ Graduate Full-time (9 Credit hours or more)

HAVE YOU RECEIVED ANY SCHOLARSHIP BEFORE?

YES ☐ If yes, When?
NO ☐

OFFICE USE ONLY

DATE RECEIVED:	**APPROVAL DATE:**	**CERTIFICATION:**	**RESO. NO.:**	**AMOUNT:**	**CHECK NO.:**