

# WESLEYAN

First for Women

4760 FORSYTH ROAD, MACON, GA 31210 PHONE 478.757.5205, FAX 478.757.3780

## Wesleyan College Financial Aid Application for Returning Students: 2011-2012

Name: \_\_\_\_\_ Social Security Number \_\_\_\_\_

Home address: \_\_\_\_\_

Home Phone: (\_\_\_\_\_) \_\_\_\_\_ Student's Cell #: (\_\_\_\_\_) \_\_\_\_\_

1) In 2011-2012, I will reside:

In Wesleyan Residential Housing (please provide campus box number if known) \_\_\_\_\_

With parent(s)

Off-Campus (please provide off-campus address if different than home address)

\_\_\_\_\_

2) I am applying for financial aid for:  the Entire Academic Year OR  Fall Only  Spring Only

3) I am planning to enroll:

In 12 or more credit hours per semester

In 9-11 credit hours per semester

In 6-8 credit hours per semester

In 1-5 credit hours per semester

4) Please provide us with the names and amounts of outside scholarships you expect to receive in 2011-2012. Add additional pages as needed. Please remember that all scholarship checks must be endorsed and brought to the Financial Aid Office for processing. DO NOT CASH outside scholarship checks.

Name of Award \_\_\_\_\_ Amount \$ \_\_\_\_\_

Name of Award \_\_\_\_\_ Amount \$ \_\_\_\_\_

Name of Award \_\_\_\_\_ Amount \$ \_\_\_\_\_

Name of Award \_\_\_\_\_ Amount \$ \_\_\_\_\_

5) Will you be receiving Employer Tuition Assistance?  Yes  No

Employer Name: \_\_\_\_\_ Amount \$ \_\_\_\_\_

6) Will you be receiving Military or Veteran's Tuition Assistance, Military Active Duty Benefits, or GI Bill Benefits to assist with educational costs?  Yes, Type \_\_\_\_\_  No

7) Awards and honors received within the last year \_\_\_\_\_

8) Club memberships and offices held within the last year \_\_\_\_\_

9) Volunteer or community service you performed within the last year \_\_\_\_\_

10) Academic and career goals: \_\_\_\_\_

Optional - Are you an active member of a church?  Yes, Denomination \_\_\_\_\_  No

Church Name and Address: \_\_\_\_\_

Please attach any comments or additional information that you feel may be helpful in our evaluation of your request for financial aid.

**Student's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_