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**Applicant** \_\_\_\_\_ **Student ID or Last 4 of SSN #** \_\_\_\_\_  
*Last Name First Name M.I.*

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**Maiden/Other Name** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_

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**E-mail** \_\_\_\_\_ **Alternate E-mail** \_\_\_\_\_

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**Permanent Address** \_\_\_\_\_

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**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip/Postal Code** \_\_\_\_\_ **County** \_\_\_\_\_

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**Primary Phone ( )** \_\_\_\_\_ **Alternate Phone ( )** \_\_\_\_\_

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**Enrollment Plans:**

Division: **Masters of Education - Early Childhood Education**  Cohort 1  Cohort 2  
**Executive Masters of Business Administration**  Cohort 17  Cohort 18  Cohort 19  Cohort 20

Expected College Graduation Date: Month \_\_\_\_\_ Year \_\_\_\_\_

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**Financial Aid Application:**

Did you attend a college or university other than Wesleyan College on or after **July 1, 2010** .....Yes  No

**Other Financial Assistance**

Will you be receiving Employer Tuition Assistance? .....Yes  No

Employer Name: \_\_\_\_\_

I receive \_\_\_\_\_ per \_\_\_\_\_ My employer tuition assistance is paid: \_\_\_\_\_

Will you be receiving Military or Veteran's Tuition Assistance or Military Active Duty Benefits? .....Yes  No

Do you plan to use Montgomery GI Bill benefits to assist with educational costs? .....Yes  No

Do you plan to use any other veteran's educational benefits to assist with education costs? .....Yes  No

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**Signature:**

*I acknowledge that my enrollment level may affect the amount of aid that I receive. I understand that the number of credits that I am enrolled in at the time of disbursement determines my eligibility. If that enrollment level changes, my aid will be adjusted.*

*I authorize Wesleyan College Financial Aid Staff to discuss my application and to provide necessary academic information to donors, agencies, or organizations that may be considering me for aid.*

*I certify that all information I have provided in the financial aid application is true and complete to the best of my knowledge.*

**Signature**

**Date**