
Applicant _____ **Social Security #** _____
Last Name First Name M.I.

Maiden/Other Name _____ **Date of Birth** _____

E-mail _____ **Alternate E-mail** _____

Permanent Address _____

City _____ **State** _____ **Zip/Postal Code** _____ **County** _____

Primary Phone () _____ **Alternate Phone ()** _____

Enrollment Plans:

Division: Masters of Education - Cohort 2 Masters of Education - Cohort 3
 Executive Masters of Business Administration

Period for which you are requesting financial aid: (Check all that apply) Fall Semester Spring Semester May/Summer Semester

Enrollment Level*: Full-time Half-time *You must be enrolled at least half-time to be eligible for most financial aid programs.

Expected College Graduation Date: Month _____ Year _____

Financial Aid Application:

Did you attend a college or university other than Wesleyan College on or after **July 1, 2011**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

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** _____