



2007 – 2008 FINANCIAL AID APPLICATION
EASTERN NAZARENE COLLEGE
ADULT STUDIES PROGRAM

Name _____ Maiden Name _____

Address _____

Home Phone _____ Work Phone _____

Mobile Phone _____ Other Phone/Fax _____

Email Address _____

Social Security Number _____ Date of Birth _____ Male Female

U.S. Citizen? Yes No If “No”, what is your Alien Registration # _____
(attach copy of Alien Registration Card-front AND back side)

Please circle the program you are in or anticipating going into:
AC ACJ BA BAM BCJ BSBA MSM PA

Employer Name and Address _____

Will you be receiving any tuition assistance from your employer? Yes No
If “Yes”, what is the dollar amount or percentage per course? _____
What is the yearly maximum? _____

Please give us the name and address of a person who knows you personally. They must live at a different US address (no PO boxes can be used). This reference will be used for reference only in the case that we can not contact you at your phone or address.

Name _____

Address _____

Home Phone _____

Relationship to You _____

By signing below, I am verifying that all the information provided is true and correct to the best of my knowledge. I agree to provide documentation, if asked by Eastern Nazarene College, for any item on my financial aid application that must be verified. I understand that falsification of information may be grounds for dismissal any time.

Student’s Signature _____ Date _____