

Eastern Nazarene College

2005-06 Financial Aid Application



Any student applying for financial aid must complete all sections, attach any additional documentation, and sign this form. No awards will be considered final until all necessary forms have been properly completed, signed, and received by the Office of Financial Aid. Please note that financial aid must be applied for each year. It is recommended that students keep copies of all forms submitted for their own records.

PERSONAL INFORMATION

Name _____ Social Security Number _____

Permanent Address _____

City _____ State _____ Zip _____ Phone _____

Date of Birth _____ Driver's License Number _____

Marital Status Single Married Divorced/Separated Widowed

Citizenship Status U.S. Citizen Eligible Non-Citizen – Alien Reg. # _____

E-mail address: _____

APPLICATION SPECIFICS

Do you plan to apply for federal or state grants and/or loans (in addition to aid from ENC)? Yes No
If yes, be sure to complete a Free Application for Federal Student Aid (FAFSA).

Classification at ENC for the coming year: Freshman Transfer Returning

Term(s) for which you are applying for Financial Aid: Summer 2005 Fall 2005 Spring 2006

Anticipated course load for the 2005-2006 academic year: Full time Part time - credits per semester: _____

Intended college residence: On Campus Off campus With parents

Your intended major at ENC: _____

Your intended career path following college: _____

Are either of your parents alumni of Eastern Nazarene College? Yes No Years of attendance: _____

Are either of your parents engaged in full time pastoral or missionary ministry?

If yes, what type of ministry? Pastor Missionary

If yes, please tell us about that parent:

Name: _____ Title: _____ Years of service in this position: _____

Church or Mission Board served:

Name: _____ Phone#: _____

Address: _____

Will you have brothers or sisters attending ENC this year? If so, list their names:

OTHER INFORMATION

You must provide two separate references with different U.S. addresses. The first reference should be a parent (if living) or legal guardian. Both references must be completed in full.

Name: _____

Name: _____

Address: _____

Address: _____

Phone number: _____

Phone number: _____

Relationship to you: _____

Relationship to you: _____

Please describe, with as many facts as possible, any special or unusual circumstances of which you would like the Office of Financial Aid to be aware. Loss or severe reduction in earnings, large unreimbursed medical expenses, and/or private or Parochial school tuition (K-12) paid for other brothers or sisters should be noted.

AGREEMENT

I certify that all information presented is complete and accurate. I will notify the Office of Financial Aid of any changes to this information and of changes in my registration status throughout the year. I affirm that I will be attending Eastern Nazarene College on at least a half-time basis and understand that I must maintain satisfactory academic progress. In addition, I authorize Eastern Nazarene College to retain Federal Financial Aid funds to cover the cost of tuition, fees, and other costs associated with my attendance at Eastern Nazarene College.

Student's Signature _____ Date _____