MALONE COLLEGE
CHRIST'S KINGDOM FIRST

FINANCIAL AID APPLICATION 2008-2009

PERSONAL INFORMATION

Name (first, middle, last)			Social Security Number
Address			Student ID
City	State	Zip	Home Phone
Are you a U.S. citizen or permanent resident? Yes ___ No ___			Date of Birth
Have you been a resident of the state of Ohio for the past 12 consecutive months? Yes____ No____			

ENROLLMENT INFORMATION

Check one:

- ☐ MCMP (Malone College Management Program) Class #_____
- ☐ BSN Degree Completion Program

List projected enrollment dates for the 2008-2009 school year: _____/_____ to _____/_____
month/year month/year

FINANCIAL AID INFORMATION

Will you be completing a 2008-2009 Free Application for Federal Student Aid (FAFSA)? Yes ____ No ____

Does your employer offer tuition assistance? Yes ____ No ____ (If you answered yes, you MUST submit documentation to the financial aid office before your aid can be finalized)

Will you receive an outside (non-Malone) scholarship for 2008-2009? If so, list names and amounts:

CERTIFICATION

I certify that all information on this application is true and accurate to the best of my knowledge. I hereby affirm that any funds received as a result of this application will be used solely for expenses related to attendance at Malone College. If any information changes after the completion of this form, I agree to notify the Malone College Financial Aid Office immediately.

_____ _____
Signature Date

RETURN COMPLETED AND SIGNED FORM TO:
MALONE COLLEGE
FINANCIAL AID OFFICE
515 25TH STREET NW
CANTON, OH 44709-3897
330-471-8435 PHONE
330-471-8652 FAX