



GRADUATE 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

ENROLLMENT INFORMATION

Check one: <input type="checkbox"/> Christian Ministries <input type="checkbox"/> Education <input type="checkbox"/> Business <input type="checkbox"/> Nursing <input type="checkbox"/> Counseling	Number of summer 2008 semester hours _____ Number of fall 2008 semester hours _____ Number of spring 2009 semester hours _____
---	--

FINANCIAL AID INFORMATION

Will you be completing a 2008-2009 Free Application for Federal Student Aid (FAFSA)? Yes ___ No ___ <p style="text-align: center;">You must be enrolled for a minimum of 5 hours per semester to be eligible for financial aid</p>
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**