



ELON UNIVERSITY

2013 ELON FINANCIAL AID APPLICATION

Doctor of Physical Therapy Program

Office of Financial Planning

2725 Campus Box, Elon, NC 27244-2010

336-278-7640 * 800-334-8448

File this form and the 2012-2013 Free Application for Federal Student Aid (FAFSA) as soon as possible.

YOUR NAME _____
Last First M.I.

YOUR PERMANENT MAILING ADDRESS
Number, Street, Apt. # _____
City, State, Zip Code _____

SOCIAL SECURITY NUMBER _____ **DATE OF BIRTH** _____
_ _ _ / _ _ / _ _ _ _

CELL PHONE NUMBER _____ **WORK PHONE NUMBER** _____
_ _ _ / _ _ _ / _ _ _ _

LIST ALL COLLEGES AND UNIVERSITIES PREVIOUSLY ATTENDED
(Note: Students who previously attended Elon University should list Elon below.)

Name of College/University Degree	Dates (From/To)
_____	_____ / _____
_____	_____ / _____
_____	_____ / _____
_____	_____ / _____

(Please complete reverse side)

ARE YOU MARRIED? _____ YES _____ NO
IF YES, PLEASE COMPLETE THE INFORMATION BELOW ABOUT YOUR SPOUSE.

During 2013, my spouse will be _____ employed full-time.
 _____ a full-time college student.
 _____ other (please indicate).

HAVE YOU OR WILL YOU ATTEND ANY COLLEGE OR UNIVERSITY DURING THE PERIOD JULY 1, 2012 - DECEMBER 31, 2012? _____ YES _____ NO
IF YES, PLEASE LIST THE NAME OF THE INSTITUTION.

 Name of College or University

HAVE YOU PREVIOUSLY BORROWED THROUGH THE FEDERAL STAFFORD STUDENT LOAN PROGRAM? _____ YES _____ NO
IF YES, PLEASE LIST THE SCHOOLS AT WHICH YOU PREVIOUSLY BORROWED AND THE TOTAL AMOUNTS BORROWED THROUGH BOTH THE SUBSIDIZED AND UNSUBSIDIZED PROGRAMS.

Name of College or University	Total Subsidized	Total Unsubsidized
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
TOTAL	\$ _____	\$ _____

PLEASE LIST THE SOURCES AND AMOUNTS OF ANY SCHOLARSHIPS, GRANTS OR LOANS YOU WILL RECEIVE FOR 2013 THAT ARE IN ADDITION TO ANY FINANCIAL AID PROCESSED THROUGH ELON'S OFFICE OF FINANCIAL PLANNING.

Source of Assistance	Amount \$
_____	\$ _____
_____	\$ _____

TO RECEIVE FEDERAL LOANS, STUDENTS MUST FILE THE FREE APPLICATION FOR FEDERAL STUDENT AID (FAFSA).

I have filed or will file the FAFSA on _____.
Date

All of the information on this form is true and correct to the best of my knowledge.

 Student's Signature _____
Date