

FRANCIS MARION UNIVERSITY
2009-2010 FMU INSTITUTIONAL APPLICATION FOR FINANCIAL ASSISTANCE

IAPP
0910

Name _____ FMU ID or SSN _____

GRADUATE STUDENTS COMPLETE: (If you are a graduate student, do not leave this section blank.)

1. Will you be taking any classes through your school district (contract courses)?
 Yes -- complete questions 2-4 No -- skip to question 5
2. How many contract hours will you be enrolled in for the Fall _____? Spring _____?
3. What will be your cost for the contract course(s) for the Fall _____? Spring _____?
4. How many regular Francis Marion University hours (excluding contract) will you be enrolled in for the Fall _____? Spring _____?

Contract course procedures (if you are not going to enroll in contract courses, this section does NOT apply to you):

- Initially, you will need to pay for your contract courses out of pocket.
- If you are not showing in at least 6 hours at FMU by the last date to register (which typically you won't be) your aid will be cancelled.
- Once you have verified that your professors have turned in the final class roll to the Office of the Registrar, contact the FA Office at 843-661-1190 and ask to speak to your counselor. Advise your counselor that your contract courses should be showing up in the system and ask that your aid be reinstated.
- Your aid will be reinstated if our system shows that you are enrolled in at least 6 hours.
- Within 1-2 weeks of the reinstatement of your aid, you should receive reimbursement up to the amount for which you qualify.

ALL STUDENTS (Graduate and Undergraduate) COMPLETE:

(Do not leave any question blank. If any of the following DO NOT apply, ENTER ZEROS.)

5. During the Fall 2009 and the Spring 2010 semesters, where will you be living?
 at home with parents off campus but not with parents on campus
6. Please indicate any military benefits that you expect to receive during the 2009-2010 school year:
DEAP (Dependents Educational Assistance Program Benefits) \$ _____ per month for _____ months
VEAP (Veterans Contributory Benefits) \$ _____ per month for _____ months
Selective Reserve Pay (Montgomery GI Bill - Chapter 1606) \$ _____ per month for _____ months
New GI Bill (Montgomery GI Bill - Chapter 30) \$ _____ per month for _____ months
Vocational Rehabilitation (Chapter 31) \$ _____ per month for _____ months
REPS (Restored Entitlement Program for Survivors - Section 156) \$ _____ per month for _____ months

7. Please indicate any other *outside assistance* that you expect to receive during the 2009-2010 school year (e.g., S.C. Voc Rehab or other state programs, church/civic organization/private foundation scholarships or loans, etc.):

SOURCE OF ASSISTANCE (Do not include LIFE, HOPE, Palmetto Fellows or Pell Grants)	AMOUNT
_____	\$ _____
_____	\$ _____
_____	\$ _____

8. The Financial Assistance Office has permission to discuss my financial assistance information with my parent.
 Yes No

I certify that all of the information reported above to qualify for federal financial assistance is true and complete.

SIGN HERE _____ Date _____

UPON COMPLETION, RETURN THIS FORM DIRECTLY TO: FRANCIS MARION UNIVERSITY
OFFICE OF FINANCIAL ASSISTANCE
PO BOX 100547
FLORENCE, SC 29502-0547
843-661-1190 Office 843-661-1195 FAX