

INSTRUCTIONS:
Answer every item, indicating those which do not apply to you as (NA). No application will be considered unless all questions are answered and all pertinent facts are disclosed. PLEASE PRINT



RETURN TO:
Mercer University
Office of Student Financial Planning
3001 Mercer University Drive
Atlanta, Georgia 30341-4155
(678) 547-6444
Fax (678) 547-6433

2008-2009
Application for Financial Assistance
atlanta.merceraid.com

Name: _____
Last First Middle Name Generally Called (Maiden Name if Applicable)

Social Security #: _____ Driver's License #: _____ State: _____

Period for which you are requesting financial assistance:

Number of hours you plan to take each term: _____ Fall _____ Spring

Applying for assistance at Mercer as:

_____ Doctor of Pharmacy -- Year level: ___ 1st ___ 2nd ___ 3rd ___ 4th ___ PhD

_____ Master of Business Administration / Executive MBA

_____ Master of Divinity _____ Doctor of Ministry

_____ Master of Education / Education Specialist / MAT / Ed. Leadership PhD.

_____ Master of Science (specify): _____

_____ Teacher Certification

_____ Undergraduate Business -- Year level: ___ Fresh. ___ Soph. ___ Jr. ___ Sr.

_____ College of Nursing: ___ Undergraduate ___ Graduate

_____ Physician Assistant

_____ Other (specify): _____

It is assumed that all students will accept grants and scholarships. If given a choice, what other type(s) of aid would you prefer? Loan Work Both Loan and Work Neither

PERSONAL DATA:

Permanent Address: _____

Street Address

City

State

County

Zip Code

How Long at this address? _____

Home Phone # _____

(Area Code)

Georgia Resident? _____ Since what date? _____

Where do you plan to reside while attending Mercer?

on campus in apartment with parents/relatives own home

Local Address: _____

Street Address

City

State

Zip Code

Local Phone #: _____ Cell Phone #: _____

(Area Code)

(Area Code)

Student Occupation/Employer: _____

Work Phone #: _____
(Area Code)

Are you a United States Citizen? Yes No Since what date? _____

If no, are you a Permanent Resident of the United States? Yes No Since what date? _____

(Enclose a copy of form #I-551 if you are a Permanent Resident, but not a United States citizen.)

Will you have a degree before July 1, 2008? Yes No If yes, what type? _____

Estimated date of graduation from Mercer: _____

EDUCATIONAL HISTORY:

List all colleges, technical schools, and post-secondary institutions which you have attended including Summer terms:

Name of college	City	State	From	To	Degree Rec'd	Financial Aid Rec'd
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No

For consideration of awards from certain restricted scholarship funds:

Date of Birth: _____ Place of Birth: _____

Sex: Male Female Marital Status: Single Married Separated Divorced

Are you a Christian? Yes No

Member of what church? _____

Denomination: _____ Pastor's Name: _____

Do you allow Mercer to release your financial and scholastic information if requested by donors of certain restricted funds? Yes No

Are either of your parents employed by Mercer? Yes No If yes, which department? _____

List members of your immediate family presently enrolled at Mercer: _____

Will you receive any tuition reimbursement from your employer? Yes No

If yes, list amount per term: _____

List source and amount of all scholarships you expect to receive from outside sources: _____

HOUSEHOLD INFORMATION:

Father or Guardian: Full name: _____

Address: _____

Occupation/Employer: _____ Work Telephone #: _____

Mother or Guardian: Full name: _____

Address: _____

Occupation/Employer: _____ Work Telephone #: _____

Spouse: Full name: _____

Address: _____

Occupation/Employer: _____ Work Telephone #: _____

CAMPUS EMPLOYMENT:

Would you accept a job on campus? Yes No

If awarded a job on campus, what type of job do you prefer? _____

List any special skills (i.e., typing): _____

Do you have any physical limitations? _____

STUDENT CERTIFICATION and STATEMENT OF EDUCATIONAL PURPOSE/REGISTRATION COMPLIANCE

I certify that I have read the University's policy on Financial Aid as stated in the University Catalog. I am also aware of the University's policy on satisfactory academic progress.

I certify that I am not in default on any Federal Title IV loan (GSL, PLUS/ALAS, NDSL) or owe an overpayment/refund on any Federal Title IV grant (Pell, SEOG, SSIG) received for my attendance at any institution.

Have you ever defaulted on a student loan? Yes No

I certify that I will use the money I receive under the Federally Assisted Loans, Grants, or Work-Study Programs only for expenses related to my study at Mercer University; and:

- I certify that I am registered with the Selective Service.
- I certify that I am not required to be registered with Selective Service because:
 - I am a female.
 - I am in the armed services on active duty. (Note: Does not apply to members of the Reserves and National Guard who are not considered on active duty.)
 - I have not reached my 18th birthday.
 - I was born before 1960.
 - I am a noncitizen who first entered the U.S. after I turned 26. Date entered: _____
 - I am a permanent resident of the Federal States of Micronesia, the Marshall Islands, or the Republic of Palau.

Student Signature

Date

FINANCIAL AID CHECKLIST:

I have:

- Applied for admission to Mercer. Approximate date: _____
- Mailed my FAFSA or applied at www.fafsa.ed.gov. Date mailed or transmitted: _____
Mercer's Federal School Code is 001580 (all campuses).
- Completed a Tuition Equalization Grant and HOPE application online at www.gacollege411.org.
Only undergraduate and pharmacy **Georgia residents** may be eligible.

To receive full consideration for Financial Assistance, applications must be received in the Office of Student Financial Planning NO LATER THAN MAY 1 for the following academic year. Any requests received after that date will be considered if funds are available.

SPECIAL CIRCUMSTANCES:

Explain any special personal or family circumstances affecting your need for financial assistance:
(Please print clearly. Attach additional sheets if necessary.)

Additional forms and links available at atlanta.merceraid.com

I certify that all the information supplied on this application is true and correct to the best of my knowledge.

Student Signature

Date

Parent Signature

Date