



ANETH CHAPTER

Student Financial Assistance Program

Application

Application for the term of

Spring 20____

Fall 20____

Date:		Applicants Name: (Last) (First) (Middle Initial) (Maiden Name)			
Census No.:	Date of Birth:	Phone No.(s) Cell: _____ Message: _____			
Mailing Address:		City:	State:	Zip Code:	
(If mailing address changes, please contact ACSFA immediately & provide new address.)					
Email:				Gender: (Check One) <input type="checkbox"/> Male <input type="checkbox"/> Female	
Parent/Guardian Name and Address.:					
High School or G.E.D. Center: (Name & Location)				H.S. Diploma or GED received: Month/ Year	
College or University You Will Attend: (Name, City, State, Zip)					
Type of Degree You Will Earn While Attending College:	Diploma or Certificate	Associates: A.A. /A.S. /A.A.S.	Bachelors: B.A. / B.S.	Masters: M.A. / M.S.	Doctorate: Ed.D/ M.D./ PH.D./
College Classification: (Check One) <input type="checkbox"/> Freshman <input type="checkbox"/> Sophomore <input type="checkbox"/> Junior <input type="checkbox"/> Senior <input type="checkbox"/> Graduate/Post-Graduate					
Undergraduate/Graduate: (REQUIRED INFORMATION) Major:				Anticipated Date of Graduation: Month/Year	
Graduates ONLY: (REQUIRED INFORMATION) Program or Department Accepted Into:				Anticipated Date of Graduation: Month/Year	
Have You Received ACSFAP Fin. Asst. Before? (Check One) Yes <input type="checkbox"/> No <input type="checkbox"/>			If Yes, When and What Institution:		
My Enrollment Status will be: (Please Check One)					
<input type="checkbox"/> Undergraduate Full-Time 12 Credit Hours or more		<input type="checkbox"/> Vocational Full-Time 12 Credit Hours or more		<input type="checkbox"/> Graduate/Post Graduate Full-Time 9 Credit Hours or more	
<input type="checkbox"/> Undergraduate Part-Time 3 to 11 Credit Hours		<input type="checkbox"/> Vocational Part-Time 3 to 11 Credit Hours		<input type="checkbox"/> Graduate/Post Graduate Part-Time 3 to 8 Credit Hours	

PLEASE PRINT LEGIBLY AND COMPLETE APPROPRIATE INFORMATION

ACSFAP/ Student Contract

This contract is made and entered effective on the date mentioned by signatory between the ACSFAP and STUDENT (hereafter called "APPLICANT"). The parties hereto agree to the following;

All APPLICANTS shall adhere to the following deadlines:

Spring Semester	1st Friday of February Before 5 p.m.	Application, Voters Registration, CIB, Class Schedule, Official Transcripts, Letter of Interest, and Verification of Enrollment.
Fall Semester	1st Friday of September Before 5 p.m.	Application, Voters Registration, CIB, Class Schedule, Official Transcripts, Letter of Interest, and Verification of Enrollment.

The APPLICANT shall:

1. Abide by and comply with the specific policies, procedures, and eligibility requirements of ACSFAP. Furthermore, APPLICANT shall be responsible for understanding his/her rights and responsibilities regarding financial assistance including the responsibility to be informed of policies herein.
2. Sign the application for financial assistance and comply with the stated term, conditions, and standards to receive financial assistance.
3. Release their official academic transcript information indicating the most recent academic term grades, graduation date, academic major and type of degree being pursued.
4. Immediately report any change in name, address, enrollment, withdrawal, registration status, and transfer status to the ACSFAP.
5. Notify the ACSFAP of his/her graduation date and certificate of degree to be conferred.
6. The APPLICANT shall consider other available grants and/or scholarship, such as federal, state, institution aid, and private sources, separate from ACSFAP.
7. Comply with the academic standards outlined in Article 8 and all requirements stated in the policy therein, prior to receiving continued funding.

The ACSFAP shall:

1. Place the APPLICANT on probation and issue a probationary award based pursuant to Article 9.
2. Disqualify any student from receiving ACSFAP financial assistance pursuant to Article 10.
3. Determine an APPLICANT ineligible and deny financial assistance pursuant to Article 11.
4. Keep all information provided to ACSFAP by the applicant confidential unless otherwise authorized in writing by the applicant what information and to whom is to be released.
5. Strictly comply with any and all requirements and authority authorized pursuant to the Aneth Chapter Student Financial Assistance Program Policies & Procedures.

ACSFAP Policies and Procedures

If and when this application is approved, I _____ shall accept and abide by the conditions stipulated in the terms above and will be bound by the responsibilities and consequences thereof and give permission to the ACSFAP to receive my transcripts and personal information.

Student Signature

Date