



2016-2017 SHU Online Confidential Information Form

This form requests information to meet federal and institutional regulations for financial assistance. It will be used to check the accuracy of the information provided on your FAFSA. You **must** submit this form before your financial assistance can be awarded.

Section I : Personal Information

NAME: _____

LAST
FIRST
M.I.
ID NUMBER

ADDRESS: _____

NUMBER & STREET
CITY
STATE
ZIP CODE

TELEPHONE #'s: HOME: (____) _____ WORK: (____) _____ CELL: (____) _____

EMAIL: _____

Section II : Application and Enrollment Status

A. Application Status
Have you completed the 2016-2017 Free Application for Federal Student Aid (FAFSA)?
 YES NO: You must complete the FAFSA before we can process your application for financial aid.

C. Indicate number of credits you plan to take in the following terms.. You must be enrolled 3 credits for Grad and 6 credits for UG in any semester for which you are requesting financial aid.

B. Enrollment Status:
 New Student Returning Student

Date Accepted: ____/____/____ (if new)

Have you previously received a bachelors degree?
 YES NO

Are you attending another college/university while attending Sacred Heart University?
 YES NO

If so, how many credits are you taking at another college/university? _____

Are you receiving aid from this other institution?
 YES NO

NUMBER OF CREDITS

| | |
|--|--|
| FALL 2016 <i>(MODULES 1 & 2)</i> | |
| SPRING 2017 <i>(MODULES 3 & 4)</i> | |
| SUMMER 2017 <i>(MODULES 5 & 6)</i> | |
| TOTAL | |

**** If your enrollment plans change for any reason, you must notify the Office of Student Financial Assistance immediately****

Section III : Student Financial Information

Funding Sources: I anticipate receiving funds for my education from the following:

Employer: YES NO

If YES: Employer Name: _____ Amount: \$ _____

Section IV : Statement of Understanding

This form requests information to meet federal and institutional regulations for financial assistance. It is required to check the accuracy of the information provided on your FAFSA. You **must** submit this form before any financial assistance can be awarded.

Please note that in order to be eligible to receive financial assistance a student **MUST**:

- Be accepted and attend SHU on at least a half-time basis (6 credits per term as an Undergraduate, or 3 credits per term as a Graduate) in an undergraduate or graduate degree program
- Not be in default on a federal student loan
- Not owe a refund on a federal student grant/loan
- Be a U.S. citizen or eligible non-citizen
- Maintain satisfactory academic progress (minimum cumulative GPA of 2.0 or above for Undergraduates and minimum cumulative GPA of 3.0 or above for Graduates)

I understand that any form of federal financial assistance is based on demonstrated financial need. Need is determined by the cost of my educational program, which is based on the number of credits I enroll in each term, less the Estimated Family Contribution (EFC) and any other form of financial assistance (i.e. employer reimbursement, private scholarships).

I understand that if there is a change in my enrollment plans from what I have certified in Section II of this form, I must notify the Office of Student Financial Assistance and that my financial aid award may be revised.

If information received during the process of Verification changes the result of my expected family contribution, a revision and/or cancellation of my award may occur.

If my award includes a Federal Stafford Loan I understand I must contact my lender, in writing, within ten (10) days if I:

- * Change my name
- * Change my address
- * Change my telephone number
- * Change my graduation date
- * Withdraw from the University
- * Change my enrollment status

I understand that in order to continue to receive federal financial assistance I must maintain satisfactory academic progress. If I am placed on academic probation or dismissed from the University, my award will be cancelled for subsequent semesters.

I certify that I have read and understand the above requirements and that all the information on this form is true and correct to the best of my knowledge.

SIGNATURE: _____ DATE: _____

Office of Student Financial Assistance

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