



Sacred Heart UNIVERSITY

Office of Student Financial Assistance

25-26 Part-Time Undergraduate Financial Aid Application

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 1: Personal Information

Name: _____ Student ID #: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Date of Birth: _____ Email Address: _____

Home Phone: _____ Cell/Other Phone: _____ Work Phone: _____

Section 2: Application and Enrollment Status

Application Status:

Have you completed the 2025-2026 Free Application for Federal Student Aid (FAFSA)?

☐ Yes

☐ No: you must complete the FAFSA before your application may be processed; SHU's school code is 001403.

Enrollment Status:

Have you previously received a Bachelor's Degree? ☐ Yes ☐ No

Have you previously received an Associates' Degree? ☐ Yes ☐ No

Are you attending another college/university while attending Sacred Heart? ☐ Yes or ☐ No

If yes, please note that as a matriculated SHU student you cannot take classes and/or receive federal aid at another institution without written University permission.



Sacred Heart UNIVERSITY

Office of Student Financial Assistance

Housing Status:

- ☐ Off-Campus
- ☐ Living with Parents

Number of Credits:

If you plan to attend in any of the following terms, you must list the total credits that apply to that semester. Please note, you will only receive financial aid for the number of credits listed. **NOTE: For summer aid to disburse as a trailer/at the end of this 2024-2025 academic year, at least one course needs to be in the summer 1 term.**

Table 1: Number of credits taken each semester

Semester	Number of Credits
Fall 2025 (Ahead Terms 1 and 2	
Winter	
Spring 2026 (Ahead terms 3 and 4)	
Summer 2026 (Late Spring, Summer Session 1 and 2)	
Total:	

***If your enrollment plans change for any reason, you must notify the Office of Student Financial Assistance immediately. Students must be enrolled for a minimum of 6 credits in any semester/term for which they seek financial aid per federal regulation.**

Section 3: Student Financial Information

I anticipate receiving funds for my education from the following source(s):

Employer

- ☐ Yes; Employer Name: _____ Amount: _____
- ☐ No

Teacher Internship Program

- ☐ Yes; School Name: _____ Amount: _____
- ☐ No



Sacred Heart UNIVERSITY

Office of Student Financial Assistance

Section 4: Explanation & Special Circumstances

Please explain any current financial hardships or special situations:

Section 5: Statement of Understanding

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) in an undergraduate 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).

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 Student Aid Index (SAI) 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 student aid index, a revision and/or cancellation of my award may occur.

If my award includes a Federal Direct Student Loan I understand I must contact my servicer, in writing, within ten (10) days if I change my name, address, telephone number, graduation date, or enrollment status and/or withdraw from the University.

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.



Sacred Heart UNIVERSITY

Office of Student Financial Assistance

Student Signature: _____ **Date:** _____

This document may be submitted to the Office of Student Financial Assistance **ONLY** via [SHUAwards](#) (Menu > Documents & Messages > Upload it now!), secure fax, mail, or in-person as it contains personally identifiable information.

5151 Park Avenue, Fairfield, CT 06825 203-371-7980 (*phone*) 203-365-7608 (*secure fax*)