



Sacred Heart UNIVERSITY

Office of Student Financial Assistance

25-26 SHU Online Student 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:

Are you a:

New Student? Date Accepted: _____

Returning Student?

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

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

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

Are you receiving aid from this other institution? Yes No



Sacred Heart UNIVERSITY

Office of Student Financial Assistance

Housing Status:

- Off-Campus
- Living with Parents

Number of Credits:

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

Semester	Number of Credits
Fall 2025 (Modules 1 and 2)	
Spring 2026 (Modules 3 and 4)	
Summer 2026 (Modules 5 and 6)	
Total:	

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

Section 3: Student Financial Information

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

- Yes: **Employer Name:** _____ **Amount:** _____
- No

Section 4: 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 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 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.



Sacred Heart UNIVERSITY

Office of Student Financial Assistance

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 Loan I understand I must contact my servicer, in writing, within ten (10) days if I:

- Change my name
- Change my address
- Change my telephone number
- Change my enrollment status
- Change my graduation date
- 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.

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*)