
SECTION C: PROGRAM APPLICATION AND SOURCES OF FUNDING

YOU ARE REQUIRED TO COMPLETE THE FAFSA APPLICATION. IF YOU HAVE NOT DONE SO PLEASE GO TO: <http://www.fafsa.ed.gov/> The FAFSA requires a PIN number. If you need a PIN go to: www.pin.ed.gov (Please complete THIS application before linking to these sites)

In addition to scholarships and grants, I am applying for the following: (check all that apply)

- Federal Work-Study Stafford Loans** Parent PLUS Loan** Perkins Loan
 Previous Gallaudet Work-Study Worker

**** A Loan Request MUST be submitted to the Financial Aid Office.** Request forms are available in the Financial Aid Office or <http://www.gallaudet.edu/x1308.xml> (Please complete THIS application before linking to this site)

You are required to provide information for all sources of funding you will be receiving during the 2009-2010 academic year. **Enter "D/K"** if you expect assistance but do not know the amount at this time.

SOURCE	NO	YES	AMOUNT
SSI (Amount you receive now)	<input type="checkbox"/>	<input type="checkbox"/>	\$ / per month
SSD/SSA (Amount you receive now)	<input type="checkbox"/>	<input type="checkbox"/>	\$ / per month
Tuition Waiver/Scholarship ____ Fall 2009 ____ Spring 2010	<input type="checkbox"/>	<input type="checkbox"/>	\$ /semester
Private Scholarships or Stipends (Indicate semester and amount)	<input type="checkbox"/>	<input type="checkbox"/>	
Name:			\$ /semester
Name:			\$ /semester
State Vocational Rehabilitation (VR, OVR, DVR) *	<input type="checkbox"/>	<input type="checkbox"/>	\$
VR Counselor Name:			
Address:			
Phone/Fax/Email:			

*** Fill this out completely if you would like us to notify VR of your financial aid results.**

SECTION D: AUTHORIZATION TO CREDIT CHARGES AND CERTIFICATION STATEMENT

By signing this form, I authorize Gallaudet University to use my financial aid funds to pay institutional expenses that have been charged to my account.

I understand that financial aid will not be determined until BOTH the Institutional and FAFSA applications are received.

I understand that continued eligibility for financial aid is dependent in part on my academic performance. (Academic standards for financial aid are included in application packets, and may be reviewed at: <http://www.gallaudet.edu/x1662.xml>. I also understand that I am expected to attend classes for the entire semester and that failure to do so will be considered an "unofficial withdrawal": financial aid will be retroactively canceled or reduced.

I understand that financial aid will be determined according to my enrollment as of the end of add-drop period.

I understand that if my applications are received after the deadline, I will be considered for loans and Federal grants only. I understand that I am required to inform the Financial Aid Office if I receive any source of assistance not reported on this application. (including Institutional waivers, scholarships, VR, and outside assistance).

In the event that I am considered for or receive financial aid from private sources, I authorize the University to release academic and/or financial aid information to agencies or individuals granting the funds. I also grant permission to release my financial aid information to parent(s) whose information is included on my FAFSA. If there are other individuals you would like to release financial information to, or individuals you specifically DO NOT want information released to, please come to the Financial Aid Office and complete the necessary forms.

I understand that if I purposely give false or misleading information, it could result in the cancellation of my financial aid. I declare that the information reported on this form to the best of my knowledge and belief is true, correct, and complete.

Student Signature: _____

Date: ____/____/____

Print and return this Form to: Gallaudet University Office of Financial Aid, 800 Florida Avenue, NE, Washington, DC 20002
Phone/TTY: 1-800-995-0990 or 202-651-5290 Fax: 202-651-5740
