



2008-2009 INSTITUTIONAL FINANCIAL AID APPLICATION

The Cornerstone University Student Financial Services staff realizes the significant investment you are making in your education, and it is our desire to help you receive the maximum amount of aid available. Through the completion of this application, you will have an opportunity to share additional information and special circumstances that could affect your financial aid.

I. STUDENT INFORMATION

Full Legal Name _____
LAST FIRST MIDDLE MAIDEN

Social Security Number or Student ID: _____ Birth Date: _____

Daytime Phone: Student _____ Parent (if dependent) _____

E-mail Address: Student _____

Indicate your current or intended program of study:

- Traditional Undergraduate
- Professional & Graduate Studies
- Teacher Certification (post-B.A.)
- Grand Rapids Theological Seminary

II. EDUCATIONAL BENEFITS

It is your responsibility to notify the Cornerstone University Student Financial Services office of any financial assistance you will receive from outside sources. Please check if any of the following apply and give details under section IV.

- Private outside scholarships from churches, schools, etc. (send a copy of your notification letter)

Name of organization: _____

Scholarship amount: Fall \$ _____ Spring \$ _____

- Employer reimbursement (send a copy of assistance notification from employer)

- Montgomery GI (Chapter 30) benefits: Indicate monthly benefit: \$ _____
(send a copy of assistance notification)

- Other VA Benefits: Type: Amount: \$ _____

- Michigan Merit Award or Michigan Promise Award (send a copy of your notification letter from state with this form)

Have you used a portion of this award previously? Yes (If yes, how much? _____) No

- Education/Student loans paid directly to you

Lender: _____ Amount: _____

- Other (Explain): _____

III. EXPECTED 2008 INCOME & BENEFITS/SPECIAL CIRCUMSTANCES

The special circumstances of (1) loss in income and (2) excessive unreimbursed dental/medical expenses can potentially increase your financial aid eligibility.

1. Will 2008 income and benefits be significantly less than 2007 income and benefits due to job change, job loss, etc? Yes No
2. Were there excessive medical and/or dental expenses which were not reimbursed in 2007? Yes No

If you answered yes to either of those questions, explain in the space provided in section IV. You may be asked to complete a separate form which will be sent to you upon receipt of this application. (Disclosure of information requested in this section is optional.)

IV. ADDITIONAL INFORMATION

Use the space below to explain any other unusual circumstances or to clarify any information provided on this form. If you need additional space, please attach a separate page.

CERTIFICATION

By signing this application, I (we) certify that all information reported in support of my application for financial assistance is complete and correct.

STUDENT SIGNATURE

DATE

SIGNATURE OF PARENT (dependent students only)

DATE

Mail or fax completed application to:
Cornerstone University, Student Financial Services
1001 E Beltline Ave NE | Grand Rapids, MI 49525-5897 | 616-222-1424 | Fax 616-222-1400

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