



# 2009-2010 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 2009 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 2009 income and benefits be significantly less than 2008 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 2008?  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

*Cornerstone University does not discriminate on the basis of race, national origin, sex, age or disability in its policies and programs.*