



2006-2007 Financial Aid Application

DU ID or SSN:		
First Name:	Middle Initial:	Last Name:
Daytime Phone Number:	Email Address:	

Instructions for applying for Financial Aid

Complete this form if you are applying for grants, scholarships, loans, and work-study from any federal, state, or university sources, and return it to the Financial Aid Office, 50 Acacia Avenue, San Rafael CA 94901. In addition, the Free Application for Federal Student Aid (FAFSA) is required. Complete the FAFSA online at www.fafsa.ed.gov. The Financial Aid Office may request additional documents once your FAFSA information is received.

Deadlines

Priority Deadline for New Students for Fall 2006: March 2, 2006 for FAFSA and DU Aid Application; **Additional required documents (if requested by Financial Aid) by July 1, 2006.**

Priority Deadline for New Students for Spring 2007: October 15, 2006 for FAFSA and DU Aid Application; **Additional required documents (if requested by Financial Aid) by December 1, 2006.**

Priority Deadline for Returning Dominican Students: March 2, 2006 for FAFSA and DU Aid Application; **All additional required documents (if requested by Financial Aid) by April 30, 2006.** Applications and forms will still be accepted after these deadlines, but are considered "late."

Please print all required information clearly and completely. Complete both sides of this form. Do not leave any questions blank; if a question does not apply, enter N/A.

Application Information

1. Are you a relative of a Dominican University of CA alumna or alumnus?

If so, provide the following information. If more than one relative are alumni, list the relative who is your closest Next-of-kin.

Current name	Name while attending Dominican	Relationship to you	Year of Graduation
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2. What are your housing plans during the school year?

Do you plan to live: With parents or a relative On-Campus Off-Campus

3. What is your financial aid applicant status?

At Dominican, are you a:

- New student
- Continuing student:
 - First-time financial aid applicant
 - Renewal financial aid applicant

Is your degree program:

- Undergraduate: **OR** Graduate:
- Day division Master's
- Pathways Credential

Which campus will you be attending?

- San Rafael Ukiah Solano

4. What are your enrollment plans for the 2006-2007 academic year?

Check which semesters you plan to attend:

- Summer 2006
- Fall 2006
- Spring 2007

And, write in the number of units you plan to take each semester (combine 8 week semesters together):

Summer '06 _____ units Fall '06 _____ units Spring '07 _____ units

Note: this information will be used to determine your eligibility for aid. If you are unsure about your enrollment plans, consult with your academic advisor, or use the following general guidelines: For financial aid purposes, half-time enrollment is 6 units per semester for all programs. Undergraduates and Credential candidates must be enrolled in at least 12 units per semester to maintain full-time status. Graduate students must be enrolled in 9 units per semester to maintain full-time status.

Please notify the Financial Aid Office in writing if your enrollment plans change.

5. Do you expect any outside resources or tuition benefits, for the 2006-07 academic year? Yes No
(If Yes, Please list the source and amount of the expected resource)

AmeriCorps Voucher: _____ Amount: _____
 Private Scholarship: _____ Amount: _____
 Employer Tuition Benefit/Other: _____ Amount: _____
 Veteran's Benefits/GI Bill: Which chapter? _____ How many months? _____ Monthly Amount: _____

6. Certification and Releases

I agree to notify the Registrar's Office of any change(s) in my own or my family's name, address, or phone number. I understand that I must be admitted into an eligible program of study and attending on at least a half-time basis (6 units per semester) in order to receive most forms of financial aid. I understand that I may be required to submit additional documents to complete my application for aid if required. I understand that I must maintain satisfactory progress toward my degree, and that I must reapply for financial aid every year.

Student Signature: _____ **Date:** _____

Under the Family Educational Rights and Privacy Act (FERPA) of 1974, the Financial Aid Office may not release a student's financial aid information to another individual unless authorized by the student. Please indicate to whom you authorize the release of information:

Parent Name: _____ Spouse Name: _____
 Parent Name: _____ Other: _____