

# Application for Financial Aid

## Instructions

Complete this form if you are applying for scholarships, grants, loans, and work study from any federal, state, or university sources as a first-time or renewal aid recipient at Dominican.

Please print your information clearly and completely.

Use of your social security number on this form is optional, but is required by the Department of Education on the Free Application for Federal Student Aid (FAFSA), and may be required for other financial aid forms and materials.

Once you have completed and signed this form (and a parent has signed, if required), submit the form via mail, fax, or by scanned e-mail attachment.

## Deadlines

Receipt of the FAFSA and Dominican Aid Application are required by the priority deadline listed below unless otherwise specified. Priority and final deadlines apply to all Dominican programs, regardless of program location. Applications and forms will be accepted after these dates, but will be considered "late."

### Undergraduate Day

March 2, 2010 (new and returning students);  
October 15, 2010 (new spring 2011 admits)

### Credential/Masters

May 2, 2010 (new summer 2010 admits);  
July 1, 2010 (new and returning students);  
December 1, 2010 (new spring 2010 admits)

### Pathways

Rolling. Apply at least 6 weeks before the term in which you expect to first enroll.

## Questions?

Additional information about Dominican's aid programs and application process can be found at [www.dominican.edu](http://www.dominican.edu).

## Section A: About The Applicant

**First Name:** \_\_\_\_\_ **M.I.** \_\_\_\_\_ **Last Name:** \_\_\_\_\_

**Daytime Phone:** \_\_\_\_\_ **Email Address:** \_\_\_\_\_

**Cell Phone:** \_\_\_\_\_ **DU ID or SSN:** \_\_\_\_\_

(please print clearly)

## Section B: Enrollment Information

*Indicate your enrollment and degree plans, and your intended housing status during the academic year. See the reverse side for Important Information.*

**Have you previously attended Dominican under a different name?**

No  Yes (if yes, please indicate your prior name) \_\_\_\_\_

**What are your housing plans during the academic year?**

Do you plan to live:  With Parents/Relatives  On-Campus  Off-Campus

**How many units will you take (write in total, per semester).**

\_\_\_\_\_ Summer Semester \_\_\_\_\_ Fall Semester \_\_\_\_\_ Spring Semester  
2010 2010 2011

## Section C: Financial Aid Applicant Status

*Have you completed the 2010-11 FAFSA or Renewal FAFSA already? If not, please do so online at [www.fafsa.ed.gov](http://www.fafsa.ed.gov), using Dominican's school code: 001196.*

**For 2010-11, check all that apply and complete the reverse side as indicated:**

- Never previously enrolled at Dominican (complete all remaining sections)
- First time applying for aid at Dominican (complete all remaining sections)
- Prior Aided, Continuing at Dominican (complete sections D and F)
- Prior Aided, Returning from Leave or Re-admitted (complete sections D and F)

Office of Financial Aid: (415) 257-1350 (p); (415) 485-3294 (f); [finaid@dominican.edu](mailto:finaid@dominican.edu)  
Hours: Monday through Thursday, 9am to 6pm; Friday 10am to 5pm

**DO NOT FORGET TO COMPLETE AND SIGN THE REVERSE SIDE!**

Last Name \_\_\_\_\_

First Name \_\_\_\_\_

DUC ID \_\_\_\_\_

### Section D: External Resources

Do you expect any outside resources or tuition benefits, for the 2010-11 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: \_\_\_\_\_

### Important Information

The information on this application will be used to determine your eligibility for aid, in conjunction with the FAFSA.

In order to maintain eligibility for aid, you must be admitted to an eligible degree granting program at Dominican. Students in the undergraduate day program must maintain full-time status for most types of aid (12 to 17 units per semester). Full-time status for Pathways students is at least 12 units per semester, and for graduate and credential students is at least 9 units per semester. Most federal and state aid funds require at least half-time enrollment; for all programs a minimum of 6 units per semester.

Your aid will be based in part on the enrollment information you report on this form. If you are unsure about your enrollment plans, we encourage you to consult with your academic advisor. If your enrollment plans change after you submit this form, you MUST report those changes in writing to the Office of Financial Aid.

Other changes you must report to the Office of Financial Aid include change in name, campus residence status, program, and receipt of any tuition benefit, scholarship, or financial aid resource not listed on your award letter.

In order to retain eligibility for aid, you must meet satisfactory progress towards your degree and meet any additional criteria specific to individual awards that you may receive. You must reapply for aid each year. When you receive an award letter, you are responsible to read the guide that accompanies it.

If you have questions, please contact the Office of Financial Aid.

### Section E: Supplemental Information for New Dominican Aid Applicants

Are you a relative of a Dominican University of California alumna or alumnus? If so, please 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	Dates Attended

### Section F: Certifications 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: \_\_\_\_\_

Parent Signature (if required, see Section E): \_\_\_\_\_ 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: \_\_\_\_\_

## Dominican University of California

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