PARKER COLLEGE OF CHIROPRACTIC
FINANCIAL AID APPLICATION

PERSONAL INFORMATION — PLEASE PRINT CLEARLY

LAST NAME _____ FIRST NAME _____ M I _____ SSN _____

STREET _____ APT # _____ CITY _____ COUNTY _____ STATE _____ ZIP _____ COUNTRY _____

HOME # _____ CELL # _____ ETHNICITY _____

MARITAL STATUS: SINGLE MARRIED DIVORCED DATE OF CHANGE IN MARITAL STATUS: _____
CIRCLE ONE

OF CHILDREN: _____

IS YOUR STATE OF RESIDENCY TEXAS? **Y N**

RESIDENT STATUS BASED ON: (PLEASE CHECK ALL THAT APPLY)

___**OWN** PRIMARY RESIDENCE IN TEXAS (PLEASE PROVIDE COPY OF DEED FOR FILE)
___ WORKED IN TEXAS 12 MONTHS **PRIOR** TO ENROLLING IN ANY INSTITUTION
___ LIFE-LONG RESIDENCY
___ FORM DD2-14 LIST TEXAS AS HOME STATE OF RECORD

ACADEMIC CLASS/ PERIOD OF APPLICATION

ARE YOU CURRENTLY ON SPECIAL SCHEDULE? Y N

TRI(s) APPLYING FOR: UNDERGRAD 1-2 3-4 5-6 7-8 9 START DATE: _____
CIRCLE ONE

FINANCIAL AID AWARD PREFERENCE

This next section allows you to enter the **type and amount** of aid that you are requesting.

Loans Subsidized: $_____ ($8500 max)* Loans Unsubsidized: $ _____ ($24500 max)*

If no amount is entered above, the maximum amount available will be awarded.
*** This amount is for students enrolled in the DC program only. Amounts vary for the undergrad program based on grade level.**

Do you want Federal Work Study? Y N ($500 per trimester normal award)

Will you be receiving any monthly funding from VA: $_____ or rehabilitation: $_____

As a student borrower, you have the right to choose your lender.

Which Lender do you choose? ☐ PARKER ☐ OTHER _____
*** Must list lender ID# and supply copy of Master Promissory Note**

Certification:

I certify that the information submitted on this application is true and correct. I also understand that any recommendations or awards of aid are applicable only if I am officially accepted and then register for at least the minimum course load required by the particular program of aid. I agree to report any additional resources that might become available to meet any costs after completion of this form, realizing it might reduce the amount of aid I will receive for this academic period. I certify that I do not owe a refund on any grant or loan, am not in default on any loan, and have not borrowed in excess of the loan limits, under Title IV programs at any institution. I will use all Title IV and or Title VII money received only for expenses related to my study at Parker College of Chiropractic. I certify that I will inform the Financial Aid Office of any change in the application as soon as such change occurs. I certify under penalty of perjury that I have read and understood the above. I verify that all information on this application is, to the best of my knowledge, correct and complete.

Agree _____ Date _____

IT IS VERY IMPORTANT THAT ALL FIELDS IN THIS APPLICATION ARE COMPLETED AND ARE LEGIBLE. APPLICATIONS THAT CANNOT BE READ WILL NOT BE PROCESSED!