# 2007 - 2008
# PLNU APPLICATION FOR FINANCIAL ASSISTANCE FOR UNDERGRADUATE STUDENTS

POINT LOMA NAZARENE UNIVERSITY

**PLEASE COMPLETE FORM IN *INK* AND *PRINT* LEGIBLY.**

| LAST NAME (LEGAL NAME) | FIRST NAME | MI |
|---|---|---|
| | | |

| PLNU STUDENT ID# | E-MAIL ADDRESS | TELEPHONE NUMBER |
|---|---|---|
| | | |

| APPLICATION FOR: | ANTICIPATED DATE OF PLNU GRADUATION (MM/YY): |
|---|---|
| ☐ Fall 2007 & Spring 2008 ☐ Fall 2007 ONLY ☐ Spring 2008 ONLY | |

**WHERE DO YOU PLAN TO LIVE FOR FALL 2007?**

☐ On-Campus (Residential Halls/Flex Housing/Colony) ☐ With parent(s)/guardian(s)/relative(s) ☐ Off-Campus ☐ Study Abroad

**WHERE DO YOU PLAN TO LIVE FOR SPRING 2008?**

☐ On-Campus (Residential Halls/Flex Housing/Colony) ☐ With parent(s)/guardian(s)/relative(s) ☐ Off-Campus ☐ Study Abroad

**PLEASE CHECK *YES* OR *NO* TO THE FOLLOWING QUESTIONS:**

☐ **Yes** ☐ **No** **Will you be filing the FAFSA (Free Application for Federal Student Aid)?**
(check "No" only if you do not want to be considered for federal and/or state aid)
**March 2, 2007 is the priority filing deadline date to be considered for all available financial aid.**

☐ **Yes** ☐ **No** **Is a parent or legal guardian currently in a full-time missionary position outside of the U.S.?**

If so, please indicate the name of the organization: _____

If so, please indicate the denomination of the organization: _____

☐ **Yes** ☐ **No** **Is a parent or legal guardian currently in a full-time pastoral position?**

If so, please indicate the name of the church: _____

If so, please indicate the denomination of the church: _____

☐ **Yes** ☐ **No** **Are you an unmarried, dependent student with unmarried, dependent brothers or sisters attending PLNU for the 2007-2008 Academic Year?** If so, please indicate the name(s) and student ID#(s) of your brother(s) or sister(s) below:

Name: _____ ID# _____

Name: _____ ID# _____

Name: _____ ID# _____

**CERTIFICATION STATEMENT:**

☐ **Yes** ☐ **No** **Do you give us permission to talk to your parent(s)/guardian(s) about your financial aid and billing issues?**

By signing, you certify that you have not purposely provided false or misleading information; doing so could be cause for denial, reduction, or withdrawal of financial aid. In addition, it is your responsiblity to report any changes to the above information to PLNU Student Financial Services in a timely manner. Your signature authorizes the PLNU Student Financial Services Office to release information pertaining to your academic standing and financial aid eligibility to outside agencies considering you for financial aid.

_____ _____

STUDENT'S SIGNATURE DATE

**Return completed application by MARCH 2, 2007 to:**
**PLNU Student Financial Services Office, 3900 Lomaland Dr., San Diego, CA 92106**