

2008-2009 Financial Assistance Application for Credential and Graduate Students



STUDENT'S LAST NAME (LEGAL NAME)	FIRST NAME	MI	DATE OF BIRTH	STUDENT ID#
----------------------------------	------------	----	---------------	-------------

E-MAIL ADDRESS	TELEPHONE NUMBER ()	CELL PHONE NUMBER ()
----------------	-------------------------	--------------------------

ACADEMIC PROGRAM 2008-2009:

Student Program: Teaching Credential Graduate

Anticipated date of completion (*or graduation*) for your current course of study:

Major Course of Study: _____ Month: _____ Year: _____

PLNU Regional Center Administering Your Program: Arcadia Bakersfield Inland Empire Mission Valley

Yes No Are you participating in a district partnership or cohort program? If so, indicate group name: _____

INDICATE THE NEXT TWO TERM(S) YOU WILL BE ATTENDING AND FOR WHICH YOU WILL BE REQUESTING FINANCIAL AID:

Loans are packaged for two terms at a time in a borrower-based year. You may fill out an application for financial aid again after these two terms.

Yes No Are you beginning your first term below in Quad II (*Arcadia, Inland Empire or Mission Valley students only*) ?

Term (<i>Fall, Spring, Summer</i>) :	Year:	Term (<i>Fall, Spring, Summer</i>) :	Year:
--	-------	--	-------

HOUSING STATUS FOR THE ACADEMIC YEAR 2008-2009:

Commuter With Parent(s)/Guardian(s)/Relative(s) On-Campus (*Mission Valley Students*)

PLEASE INDICATE THE TYPE OF AID FOR WHICH YOU ARE APPLYING:

I am applying for PLNU INSTITUTIONAL AID ONLY.

I am applying for ANY AVAILABLE AID, including federal and/or state aid, and I have or will be filing the 2008-2009 FAFSA.

TEACHING CREDENTIAL STUDENTS ONLY - CAL GRANT TCP EXTENSION:

Yes No Did you receive a Cal Grant A or B as an undergraduate student within the last 15 months?

If so, what was the total amount of your annual award? _____

If so, when did you receive your last Cal Grant (*A or B*) payment? _____

If you answered yes above, you may apply for a Cal Grant extension by filling out a G-44 Form available at www.calgrant.org.

PLNU EMPLOYEE TUITION REMISSION:

Yes No Are you, your parent or spouse employed by PLNU?

EMPLOYER REIMBURSEMENT FOR YOUR ACADEMIC PROGRAM:

Yes No Are you eligible to receive company reimbursement from your employer?

If so, what is the total amount your employer will reimburse in an academic year? _____

OTHER FINANCIAL ASSISTANCE FOR YOUR ACADEMIC PROGRAM:

Yes No Will you be receiving additional assistance from an outside source (*outside scholarship(s)*, VA, Military Tuition Assistance, Vocational Rehabilitation, etc.)? If so, please provide type of assistance and amount below:

Type:	Amount:	Type:	Amount:
-------	---------	-------	---------

CERTIFICATION STATEMENT:

I authorize, at the discretion of the PLNU Student Financial Services Office, the release of my transcripts and any other confidential materials to any organization for which I am being considered for a scholarship or other gift aid.

I also understand that any false statements or misrepresentation will be cause for denial, reduction, withdrawal and/or repayment of financial aid.

STUDENT'S SIGNATURE _____

DATE _____

Rev. 2/08 dr

Please Return Completed Application to Your PLNU Regional Center:

PLNU Arcadia
225 E Santa Clara St.
Arcadia, CA 91006
Phone: 626.821.8240
Fax: 626.821.8249

PLNU Bakersfield
5080 California Ave., Ste. 104
Bakersfield, CA 93309
Phone: 661.321.3482 or 3484
Fax: 661.321.3489

PLNU Inland Empire
495 E Rincon St., Ste. 204
Corona, CA 92879
Phone: 951.273.7568
Fax: 951.735.0072

PLNU Mission Valley
4007 Camino del Rio S., Ste. 102
San Diego, CA 92108
Phone: 619.563.2845 or 2849
Fax: 619.563.2898