

Bethel College
Adult College Financial Aid Application
2009-2010 Academic Year

Bethel ID# _____

Name _____ SS# _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Work Phone _____ Cell Phone _____

Date of Birth _____ U.S. Citizen? _____

E-mail address _____

Do you plan to apply for federal and/or state financial aid (including Stafford loans)? _____

If yes, you must file a 2009-10 Free Application for Federal Student Aid (FAFSA). The priority filing date is March 10, 2009.

Expected Grade Level for the 2009-10 School Year (circle one) Freshman, Sophomore, Junior, Senior, Other

Major Course of Study _____

If nursing indicate ADN, BSN or BSN completion _____

If Organizational Management indicate group number _____

Do you plan to enroll as a full time student for both Fall 2009 and Spring 2010? _____

(Full time is a minimum of 12 credits per semester)

If no, indicate how many credits you plan to take for each session: Fall _____ Spring _____ Summer _____

Will you have other family members attending Bethel College during the 2009-10 School Year? _____

If yes, please list name and grade level _____

Statement of Conduct: Bethel College seeks to provide financial assistance to students who are in agreement with the spirit and ideals of the college and who will have a positive influence on their fellow students. With this in mind, I realize that actions on my part that do not agree with the guidelines of conduct established by the college as stated in the "Adult Student Handbook" may result in forfeiture of my college financial aid.

Student Account/Loan Waiver: I am accepting these funds for the cost of my college education and am having them placed on my student account. I understand that I have the option to request a cancellation or reduction of my loan by the later of (1) 14 days after acknowledgment of the funds being received, or (2) the first day of classes. I give Bethel College permission to keep any excess funds on my account to further my education. I also understand that I can request withdrawal of these funds by written request.

Student Signature _____ Date _____

It is the policy of Bethel College not to discriminate on the basis of gender, religion, physical handicap, race, or national origin in the administration of its financial aid programs.

Return this form to: BETHEL COLLEGE
Office of Student Financial Services
1001 Bethel Circle
Mishawaka, IN 46545-5591

Office Use Only: Packaged by _____ Date _____
