

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

Bethel ID# \_\_\_\_\_

Social Security Number \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

E-mail address \_\_\_\_\_ U.S. Citizen? \_\_\_\_\_

Do you plan to apply for federal and/or state financial aid (including Stafford and/or PLUS 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 \_\_\_\_\_ (circle one) traditional student, adult student  
If nursing indicate ADN, BSN or BSN completion \_\_\_\_\_  
If Organizational Management indicate group number \_\_\_\_\_

Housing Plans (on campus, off campus, with parents) \_\_\_\_\_

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

*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 \_\_\_\_\_*

Are you or one of your parents a pastor, missionary, or employed full-time in a ministry organization? \_\_\_\_\_

*If yes, please indicate what type of ministry and where \_\_\_\_\_*

**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 "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

Office Use Only:
Packaged by _____
Date _____