

**NATIONAL UNIVERSITY
FINANCIAL AID OFFICE
11355 North Torrey Pines Road
La Jolla, CA 92037-1011
(858) 642-8500**

Independent Student

**INSTITUTIONAL APPLICATION
FOR FINANCIAL AID
2009- 2010**

You have been selected for verification by the U.S. Department of Education. Please complete both pages of this form.

A. Student Information

Last name, First name, Middle Initial

Student ID #

Address (include apt. no.)

Date of birth

City, State, Zip code

Phone number (include area code)

B. General Information

Are you (or your spouse) in the military or were you (or your spouse) on active duty in **2008**? ☐ YES ☐ NO

If YES, please complete the information below:

Student

Branch:_____ Rank:_____

Date of Entry:_____

Date of Release:_____

Spouse

Branch:_____ Rank:_____

Date of Entry:_____

Date of Release:_____

C. Veterans and other Educational Resources

Will you receive Veterans or other education benefits or a scholarship? (Do not include Pell Grant, SEOG, Cal Grant, or Federal Student Loans) ☐ YES ☐ NO

If YES, complete the following:

- Type of Veteran or Education Benefit/Scholarship_____
- I am receiving my Veterans Benefits through Chapter _____
- Name of Employer/Agency providing benefits _____
- Amount you will receive per course \$_____
- If there is a yearly cap (maximum benefit), list your maximum benefit per calendar year \$_____

D. Untaxed Income

On your Free Application For Federal Student Aid (FAFSA) from **Question 47** you reported _____ in **untaxed income**.

Is this amount correct: Yes _____ No _____

If **No**, please provide correct amount and Source \$ _____
Source/Name

E. Additional Financial Information

On your Free Application For Federal Student Aid (FAFSA) from **Question 46** you reported _____ in **additional financial information**.

Is this amount correct: Yes _____ No _____

If **No**, please provide correct amount and Source \$ _____
Source/Name

F. Family Size

List the people in your household; include:

- Yourself and your spouse (if applicable), and
- Your children, if you will provide more than half of their support from July 1, 2009 through June 30, 2010, and other people if they now live with you **and** you provide more than half of their support, and you will continue to provide more than half of their support from July 1, 2009 through June 30, 2010.

Write the names of **all** family members. If a family member attends college at least half-time between July 1, 2009 and June 30, 2010, please enter the name of the college. The family member must be enrolled in a degree or certificate program. Attach a separate page if you need more space.

Full Name	Age	Relationship to You	Name of College if attending during 2008-09	Enrolled half time or more in a degree program
You (the Student)		Self	National University	Yes / No
				Yes / No
				Yes / No
				Yes / No
				Yes / No
				Yes / No

Certification: Please sign and date this form.

I certify that all of the information reported in this application is true and complete.

SIGNATURE OF STUDENT

DATE