

# COLLEGE of VISUAL ARTS

## NEW STUDENT CVA FINANCIAL AID APPLICATION

**2008-2009**

Completion of this application is required for CVA scholarships and grants. Once you have completed this form, return it to the CVA Financial Aid Office. Incomplete forms will be returned to you, delaying the processing of your aid.

**Please print clearly when completing this form.**

### **Section A: Student Information**

Name \_\_\_\_\_ Social Security # \_\_\_\_\_

Last                      First                      M.I.

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

Permanent Address \_\_\_\_\_

Apt. #                      City                      State                      Zip Code

Home Phone ( \_\_\_\_\_ ) \_\_\_\_\_ Email Address \_\_\_\_\_

Do you intend to submit the 2008 – 2009 Free Financial Aid Application for Federal Student Aid (FAFSA)?  
 Yes. Date Filed \_\_\_\_\_  No

### **SECTION B: 2008– 2009 Enrollment Information**

PRIOR INSTITUTIONS ATTENDED	DATES ATTENDED	TYPE OF DEGREE EARNED

### **SECTION C: Minnesota State Grant Application**

Eligibility for the Minnesota State Grant is limited to the equivalent of 10 semesters or 14 quarters of full-time attendance. Students must be enrolled for 15 credits per semester to be considered for the maximum allowable State Grant.

1. Did you reside in Minnesota for 12 consecutive months before becoming a student at a Minnesota College/University?  
 Yes  No Date you moved to Minnesota \_\_\_\_\_
2. By July 1, 2008, will you have graduated from a Minnesota High School or received a GED while residing in Minnesota?  
 Yes  No Name of high school from which you graduated \_\_\_\_\_
3. By July 1, 2008, will you have attended more than three years of education past high school? DO NOT include courses taken under the Post-Secondary Educational Options Program.  Yes  No

Do you have dependent children under the age of 13?  No  Yes  
 If yes, please list their birthdate(s)

MONTH	DAY	YEAR

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**SECTION D: Notice of Additional Funding**

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Please provide the information for all of the sources of funding that you will be receiving during the 2008 – 2009 academic year. Check either Yes or No for each source. If you check Yes for any source, list the total amount you will receive for the 2008-2009 academic year in the box provided. If the amount is unknown at the time you are completing this form, write in "unknown".

SOURCE	YES	NO	AMOUNT
Scholarship (List Source)	<input type="checkbox"/>	<input type="checkbox"/>	
Name:			\$
Name:			\$
Veteran's Benefits	<input type="checkbox"/>	<input type="checkbox"/>	\$ Per month
Chapter:			
Employer Tuition Reimbursement Partial/Full	<input type="checkbox"/>	<input type="checkbox"/>	\$
Vocational Rehabilitation	<input type="checkbox"/>	<input type="checkbox"/>	
Americorp	<input type="checkbox"/>	<input type="checkbox"/>	

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**SECTION E: Authorization to Discuss Financial Aid Information**

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I authorize  Do not authorize the College of Visual Arts Financial Aid Staff to discuss my financial aid information with  my parent(s) and/or  spouse.

Name of parent(s) \_\_\_\_\_  
Name of spouse \_\_\_\_\_  
Security identifier: \_\_\_\_\_  
Mother's maiden name \_\_\_\_\_

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**SECTION F: Authorization to Credit Charges and Certification Statement**

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1. By signing this form, I authorize the College of Visual Arts to use my financial aid funds to pay institutional expenses that have been charged to my account.
2. I understand that this authorization may be rescinded at my request and that a written statement rescinding the authorization must be received by the Financial Aid Office within 15 days from the date I signed this document. However, in doing so, I must make immediate payment to CVA for these charges.
3. I will use my financial aid for educational expenses while attending the College Visual Arts.
4. I understand that if I purposely give false or misleading information, it could result in the cancellation of my financial aid.
5. I certify that I have read and understand CVA's Financial Aid Satisfactory Academic Progress Policy, which is available at: [www.cva.edu/admissions/financial\\_aid.htm](http://www.cva.edu/admissions/financial_aid.htm).
6. In the event that I am considered for or receive financial aid from private sources, I authorize the College of Visual Arts to release academic and/or financial aid information to agencies or individuals granting the funds. I understand that if I am selected for a scholarship, my financial and/or academic information may be released to the donor of the scholarship.

***I understand that if my financial aid award does not cover my charges for tuition, fees, and other allowable charges that I am responsible for the payment of the remaining outstanding balance by the due date.***

I declare that the information reported on this form to the best of my knowledge and belief is true, correct, and complete.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

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**PLEASE RETURN THE COMPLETED APPLICATION TO:**

College of Visual Arts, Financial Aid Office, 344 Summit Avenue, St. Paul, MN 55102