

# COLLEGE of VISUAL ARTS

## RETURNING 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 Number: \_\_\_\_\_

                    Last                    First                    M.I.                    Date of Birth: \_\_\_\_\_

Maiden Name: \_\_\_\_\_

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

  Apt. #                    City                    State                    Zip Code

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

Student's address while attending CVA (if different than permanent address):

Address: \_\_\_\_\_

  City                    State                    Zip Code

Phone number while attending CVA: \_\_\_\_\_

Do you intend to submit the 2008 – 2009 Free Financial Aid Application for Federal Student Aid (FAFSA)?

Yes. Date Filed: \_\_\_\_\_  No. Complete sections B, D, and E.

### SECTION B: 2008 – 2009 Enrollment Information

While attending CVA have you attended any other institutions?  Yes  No

Number of credits you plan to take at CVA: Fall 2008 \_\_\_\_\_ Spring 2009 \_\_\_\_\_

Expected Graduation Date: \_\_\_\_\_ Academic Program: \_\_\_\_\_

Do you have dependent children under the age of 13?  No  Yes

If yes, please list their birthdate(s):

MONTH	DAY	YEAR

### SECTION D: Notice of Additional Funding

Please provide the information for all of the sources of funding that you will be receiving during the 2008 – 2009 academic year.

1. Check either Yes or No for each source.
2. 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".
3. If you check Yes for Scholarship and/or Organization, list the name of the Scholarship/Organization.
4. If you check Yes for Veteran's Benefits, list the chapter.

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:			
Do you have a parent who is currently employed at CVA?	<input type="checkbox"/>	<input type="checkbox"/>	
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 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 in writing and 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. 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 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: \_\_\_\_\_

***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 debt 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: \_\_\_\_\_

**PLEASE RETURN THE COMPLETED APPLICATION TO:**

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

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The College of Visual Arts does not discriminate in admissions or employment on the basis of race, color, religion, political affiliation or belief, age, sex, national origin, ancestry, non-job related disabilities, place of birth, General Education Development Certificate (GED), marital status, sexual orientation, or veteran status. Inquiries concerning affirmative action should be directed to the Office of Human Resources. For information regarding services, activities and facilities that are accessible to and usable by persons with disabilities contact the Office of Student Affairs.

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