

Financial Aid Application

Please fill out the front and back of this form and return to:

6/17



Capri Financial Aid Office
P.O. Box 873
Dubuque, IA 52004-0873

School Use Box: L__C__D__/_

Today's Date: _____

FAFSA School Codes

CR: 014390

I have already completed my FAFSA on _____ (date)
I expect to complete my FAFSA by _____ (date)

DAV: 007717
WLOO / DBQ: 007588

1. Name _____ Birthdate _____
Address _____ SSN _____
City, State Zip _____
Home Phone _____ Driver's License # _____
Cell Phone _____ State of Issuance _____

Gender: Male Female

United States Citizen: Yes No If no, what is your visa type and endorsement? _____

Race: Asian Black
Caucasian (White) Native American (Indian)
Hispanic Other (please specify) _____

2. Have you previously attended college, business school, trade or technical school, or other college? Yes No
If yes, please complete the following.

Name of school _____	Name of school _____
City, State _____	City, State _____
Dates Attended _____ to _____	Dates Attended _____ to _____
Did you receive Financial Aid? Yes No	Did you receive Financial Aid? Yes No
Degree granted? Yes No	Degree granted? Yes No
Type of Degree _____	Type of Degree _____

3. Applicant's marital status:
Single Engaged Married Divorced Separated Widowed

4. Do you have any dependents? Yes No If yes, list their ages _____

5. Parents marital status:
Single Engaged Married Divorced Separated Widowed

6. Where will you be living while attending school?
With Parents Off Campus

One way distance from your address to Capri while attending school, if driving: _____ miles

7. Will you receive any of the following benefits while attending school? Yes No (If yes, please explain below)

Social Security benefits	\$ _____/month	Child support	\$ _____/month
Unemployment compensation	\$ _____/month	JTPA	\$ _____/month
Vocational Rehabilitation	\$ _____/month	Welfare/Public Assistance	\$ _____/month
Veteran's Educational Benefits	\$ _____/month	Other	\$ _____/month

8. Will you be working while attending Capri? Yes No Estimated Earnings per month \$ _____

Please complete reverse side

Enter the requested information for two (2) adults with different addresses. Preferred references are parents, guardians, and adult relatives (A parent should be your first reference). The people you list may be contacted and should know where to reach you at all times. If parents are deceased, use another reference in their place and state their relationship to you.

Parent's Name _____	Name _____
Address _____	Address _____
City, State Zip _____	City, State Zip _____
Parent's Phone (____)____-_____	Phone (____)____-_____
	Relationship _____

Statement of Educational Purpose

I certify that I will use any money I receive under Title IV Financial Aid (loans, grants, and work study) only for expenses related to my study at Capri College.

I understand all loan proceeds such as Stafford (student) and Plus (parent) loans must be repaid.

In addition, I promise to be held responsible for the repayment of any money received by inadvertent over-awarding. I will repay these ineligible funds to the proper financial aid source.

I further understand the amount of any repayment is based on regulations published by the Secretary of Education.

I certify that I am not required to be registered with Selective Service because:

- ✓ I am female.
- ✓ I am in the Armed Services on active duty (does not apply to members of the Army Reserves and National Guard who are not on active duty).
- ✓ I have not reached my 18th birthday.
- ✓ I was born before the required date.
- ✓ I am a permanent resident of the Trust Territory of the Pacific Islands.
- ✓ I am a citizen of the Marshall Islands, the Federated States of Micronesia, or the Republic of Palau.

Or

- ✓ I certify that I am registered with the Selective Service.

I certify that, as a condition to receive Federal or State Financial Aid funds, I will not engage in the unlawful manufacture, distribution, dispensation, possession or use of a controlled substance during the period of enrollment covered by Financial Aid funds awarded to me.

I also verify all financial information to determine my Financial Aid eligibility is true and correct for myself, and parent or spouse if applicable.

I also verify that I have not borrowed in excess of the annual accumulative limits of Stafford (student) loan.

I certify that I am **NOT** in default or owe a refund at any institution of post-secondary education for a Federal Student loan, Plus (parent) loan, Pell or FSEOG grants, or College Work Study.

Signed _____ Date _____
Student

Signed _____

Parent (if applying for a Plus loan)

Date _____