

# Financial Aid Application

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

7/22



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)

DAV: 007717

I expect to complete my FAFSA by \_\_\_\_\_ (date)

WLOO: E40507

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 \_\_\_\_\_  
Address \_\_\_\_\_  
City, State Zip \_\_\_\_\_  
Parent's Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City, State Zip \_\_\_\_\_  
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 18<sup>th</sup> 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 \_\_\_\_\_

Student

Date \_\_\_\_\_

Signed \_\_\_\_\_  
Parent (if applying for a Plus loan)

Date \_\_\_\_\_