



BASTYR UNIVERSITY

2012/2013 FINANCIAL AID APPLICATION

NOTE: *Incomplete applications and missing documentation could delay processing of your financial aid. When completing this form, use black or dark ink only and answer all questions.*

I. DEMOGRAPHICS		<input type="checkbox"/> <i>Currently enrolled student</i>	<input type="checkbox"/> <i>New student</i>	<input type="checkbox"/> <i>First time aid applicant</i>
First Name _____		Last Name _____		Middle Initial _____
Social Security Number _____ - _____ - _____				
List all names used previously _____				
Date of Birth ____ / ____ / _____		Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male		
Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Other _____		U.S Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Driver's Lic. No. _____		State _____		
E-mail address: _____				
Mailing Address _____ _____		Permanent address (if different) _____ _____		
Telephone: (day) (____) _____ (eve) (____) _____		Telephone: (day) (____) _____ (eve) (____) _____		
Current Employer: (While at Bastyr? <input type="checkbox"/> Yes <input type="checkbox"/> No)				
Name of Employer _____		Telephone: (____) _____		

Financial Aid Application priority deadline: April 15, 2012

In addition to this application, you will need to complete a 2012/2013 FAFSA at www.fafsa.ed.gov

Upon completing this application, return to the Financial Aid Office, room 229 or:

Mail:
Office of Financial Aid
14500 Juanita Dr. NE
Kenmore, WA 98028

E-mail attachment:
finaid@bastyr.edu

Fax:
(425) 602-3094

II. PROGRAM INFORMATION

For the 2012/13 school year, I am a:

- 1st year 3rd year 5th year
 2nd year 4th year 6th year

I am enrolled in I have been accepted into I have applied for acceptance in the following Bastyr University program:

DOCTORATE

- Doctorate in Acupuncture and Oriental Medicine
 Naturopathic Medicine (ND) 4-yr program 5-yr program

GRADUATE

- Masters in Acupuncture (MSA)
 Masters in Acupuncture and Oriental Medicine (MSAOM)
 Masters in Nutrition (MSN)
 Masters in Nutrition and Clinical Health Psychology (MSNCHP)
 Masters in Midwifery (MSMW)

UNDERGRADUATE

- Bachelors of Science in Herbal Science (BSHS)
 Bachelors of Science in Acupuncture and Oriental Medicine/ Masters of Science in AOM (BS/MSAOM)
 Bachelors of Science in Nutrition (BSN)
 Bachelors of Science in Psychology (BSP)
 Bachelors of Science in Exercise and Wellness (BSE)
 Bachelors of Science in Midwifery/Masters of Science in Midwifery (BS/MSMW)
 Bachelors of Integrated Human Biology (BSIHB)

CERTIFICATE PROGRAM

- Chinese Herbal Medicine (CHM)
 Holistic Landscape Design (CHLD)

POST BACCALAUREATE PREPARATORY PROGRAM

III. BUDGETING INFORMATION

Enter the number of credits in which you will be enrolled in for the 2012/2013 school year. Include only terms you are seeking financial aid. Be as accurate as possible and **DO NOT include audited courses**. Financial aid budgets are constructed based on the number of credits taken. Changes to your credit load could require a recalculation of your financial aid.

_____ Summer 12 _____ Fall 12 _____ Winter 13 _____ Spring 13 _____ Summer 13

Estimated date of graduation:

Program _____ (Mo/Yr) _____ Program _____ (Mo/yr) _____

I am applying for (check all that apply):

- Grants Loans Work Study

I will be receiving the following outside funding during the 2012/13 academic year:

Free tuition as student/faculty: \$ _____ Other student loans: Type: _____ \$ _____

Outside scholarship from: _____ \$ _____

CERTIFICATIONS – Please sign and date the completed certifications. Your application will not be processed without your signature in this section. (If you are completing this electronically and emailing it to our office, you must either scan your original signature, or fax this page with signature)

All of the information provided by me or any other person on this form is true and complete to the best of my knowledge. If asked by an authorized official, I agree to provide proof of the information that I have given on this form. I realize that this proof may include a copy of my U.S., foreign, state, and/or local income tax return. I also realize that if I do not give proof when asked, I may be denied aid. I certify that I, the student, do not owe a refund on any federal student grant and am not in default on any federal student loan. I also have not borrowed in excess of the federal student loan limits, under the federal student aid programs, at any institution, or any combination of institutions. I will use all financial aid funds received only for expenses related to my study at Bastyr University. I consent to receive all financial aid notices via electronic means. If I want to opt out of electronic communications, I will notify the Financial Aid Office.

Warning: To receive any Title IV financial aid, you must sign below. If you purposely provide false or misleading information on the FAFSA or on this application, you may be fined \$20,000, sent to prison, or both.

Signature

Today's Date

CHECKLIST — A COMPLETED APPLICATION CONSISTS OF:

- 2012/2013 Bastyr University Financial Aid Application (send this form to Bastyr University).
- 2012/2013 Free Application for Federal Student Aid (FAFSA) – apply on the Federal web site www.fafsa.gov .

USE: Bastyr University Federal Code Number: 016059

**All students must complete BOTH a FAFSA and the Bastyr Financial Aid Application.
To ensure that your financial aid is completed in a timely manner
this needs to be done by April 15th of each year.**

Comments, Special Circumstances, Additional Information

"Bastyr University is an equal opportunity institution. We do not discriminate in matters of employment or participation in programs, services or benefits on the basis of gender, race, creed, color, religion, national origin, age, sexual orientation, gender identification, individuals with disabilities, or veteran status. Our programs, services and facilities are accessible to individuals with disabilities. Please contact the university in advance if you require special accommodation due to a disability."