

BASTYR

UNIVERSITY

2011-2012

FINANCIAL AID APPLICATION

Office of Student Financial Aid, 14500 Juanita Dr. NE, Kenmore, WA 98028 Phone: 425-602-3329
 finaid@bastyr.edu

Bastyr University Federal Code Number #016059

NOTE: Incomplete applications and missing documentation mean time delays in processing. When completing this form, use black or dark ink only - answer all questions -- if the answer to a question is no, not applicable, none, unknown, or zero, so state.

I. DEMOGRAPHICS *Currently enrolled student* *New student* *First time aid applicant*

Name _____ Social Security No. _____

List all names used previously _____

Birthdate _____ Age _____ Sex: Female Male

Marital Status: Married Single Other _____ U.S Citizen: Yes No

Driver's Lic. No. _____ State _____ e-mail address: _____

Mailing Address (While at Bastyr? Yes No) _____ Permanent address (if different) _____

Telephone: (day) (_____) _____ Telephone: (day) (_____) _____
 (eve) (_____) _____ (eve) (_____) _____

Current Employer: (While at Bastyr? Yes No)

Name _____ Telephone: (_____) _____

II. FAMILY INFORMATION *If parent is deceased, check here and list the name, address, phone number and relationship of another family member or close friend who will always be able to contact you.*

Mother (or _____) Father (or _____)

Name _____ Name _____

Address _____ Address _____

Telephone: (_____) _____ Telephone: (_____) _____

Married Students or Students with Dependents Under Age 24:

Spouse's Name _____ Date of marriage _____

Spouse will be a student in 2011/12: No Yes (Name of institution) _____

Spouse's Enrollment Status: Half-time Full-time Will apply for financial aid? Yes No

Dependent children who live with you: *List each child by name and age* _____

III. ACADEMIC INFORMATION

Degree	Year	Degree	Year
<input type="checkbox"/> High School Diploma <input type="checkbox"/> GED		Graduate Degree	
Associate's Degree		Other	
Bachelor's Degree		Other	

List all postsecondary schools attended, starting with the most recent and going back to the first school attended after high school, **even if you never received financial aid**. If more space is needed, write in the comments section. **Returning students**, only need to list other schools attended while attending Bastyr University.

Name of School	City, State	Dates Attended

For the 2011-12 school year: I am a 1st year ___ 2nd year ___ 3rd year ___ 4th year ___ 5th year ___ 6th year ___

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

GRADUATE PROGRAM

- Naturopathic Medicine (ND) 4-yr program 5-yr program
- Masters in Acupuncture (MS A)
- Masters in Acupuncture and Oriental Medicine (MS AOM) Doctorate in Acupuncture and Oriental Medicine
- Masters in Nutrition (M Nutrition) Masters in Nutrition and Clinical Health Psychology
- Bachelors of Science in Herbal Science Masters in Midwifery
- Bachelors of Science in Oriental Medicine
- Bachelors of Science in Acupuncture and Oriental Medicine/ Masters of Science in AOM
- Bachelors of Science in Nutrition
- Bachelors of Science in Nutrition -Didactic Program in Dietetics - DPD Program
- Bachelors of Science in Psychology
- Bachelors of Science in Exercise and Wellness
- Bachelors of Science in Midwifery
- Bachelors of Integrated Human Biology

CERTIFICATE PROGRAM

- Chinese Herbal Medicine (CHM)
- Holistic Landscape Design

POST BACCALAUREATE PREPARATORY PROGRAM

IV. BUDGETING INFORMATION

Financial aid budgets are constructed based on the number of credits carried. **Complete the following as accurately as possible.** Changes to the listed enrollment pattern could require a recalculation. List any special expenses for boards, equipment, etc., in the Comments section.

The number of credits in which I will be enrolled for the above program(s) for the 2011-2012 year will be: Audit class are not covered by financial aid.

_____ Summer 11 _____ Fall 11 _____ Winter 12 _____ Spring 12 _____ Summer 12

I want financial aid for the following quarters (check all that apply):

- Summer 11 Fall 11 Winter 12 Spring 12 Summer 12

Estimated date of completion:

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 2011-12 academic year:

- Free tuition as student/faculty: \$ _____ Other student loans: Type: _____ \$ _____
- Outside scholarship from: _____ \$ _____

Your response to these questions is requested by the Washington State Higher Education Coordinating Board.

1. Dependent children or adult day care expenses? Yes No Current age of youngest child _____
2. Did one or both of your parents attend college? Yes No

(The following questions are optional -- for statistical purposes only:)

3. Do you have a physical, sensory, or mental impairment that substantially limits one or more life activities (e.g., breathing, learning, walking, seeing, hearing)?
 Yes No
4. Which race do you consider yourself to be?
 Black/African-American
 Asian/Pacific Islander (see 5. next column)
 American Indian
 Alaskan Native (other than Aleut)
 Aleut
 White
 Spanish/Hispanic (see 6. next column)
 Other _____
5. (Only if you checked Asian/Pacific Islander above) Specify which Asian or Pacific Islander group of which you consider yourself to be a part.
 Asian Indian Chinese
 Filipino Guamanian
 Hawaiian Japanese
 Korean Samoan
 Vietnamese
 Other Asian/Pacific Islander _____
6. (Only if you checked Spanish/Hispanic above) Specify which Spanish or Hispanic group of which you consider yourself to be a part.
 Puerto Rican Cuban
 Mexican, Mexican-American, Chicano
 Other Spanish/Hispanic _____

CERTIFICATION — Please sign and date the completed certification.

Your application will not be processed without your signature on this section.

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 US, 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, am not in default on any Federal student loan, and have not borrowed in excess of the Federal student loan limits, under the Federal student aid programs, at any institution. I will use all Title IV financial aid funds received only for expenses related to my study at Bastyr University.

Student's signature _____ Date _____

Warning: To receive any Title IV financial aid, you must complete the above certification. If you purposely give false or misleading information, you may be subject to federal criminal law resulting in fines up to \$10,000 and imprisonment for up to 5 years or both.

CHECKLIST — REMEMBER, A COMPLETED APPLICATION CONSISTS OF:

All students must complete a FAFSA and the Bastyr financial aid application each year, to ensure that your financial aid is completed in a timely manner this needs to be done by June 1st of each year.

- 2011/2012 Bastyr University Financial Aid Application (send this form to Bastyr University).
- 2011/2012 Free Application for Federal Student Aid (FAFSA) – apply on the Federal web site www.fafsa.ed.gov .

USE: Bastyr University Federal Code Number: 016059

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.”