

FLORIDA SOUTHERN COLLEGE
Financial Aid Application for the Graduate Degree Program

(863) 680-3963

111 Lake Hollingsworth Drive
Lakeland, Florida 33801-5698
FSC TITLE IV CODE: 001488

FAX: (863) 680-4567

Name: _____ SSN: _____-_____-_____ Student ID: _____

Street: _____ City: _____ State: _____ Zip: _____

Day Phone Number #: _____ Cell Phone #: _____ Date of Birth: _____

In order to process your financial aid, we need to know your enrollment plans for the year.

1. Which academic award year are you applying? _____
2. Program: _____MBA _____MED / MAT _____MSN
3. How many credit hours are you planning to take?
 _____FALL _____SPRING _____SS I _____SS II _____SS III
4. What is your expected grad date? _____
5. Are you interested in applying for a Stafford Loan? _____Yes _____No

If yes, please complete the Free Application for Federal Student Aid (**FAFSA**) located at www.fafsa.ed.gov after IRS Returns are filed. Be sure to electronically sign your application using a Signature PIN#. If you need a pin#, you may request one at www.pin.ed.gov. Questions regarding electronic filing of the FAFSA may be answered at (800) 433-3243.

I AUTHORIZE FLORIDA SOUTHERN COLLEGE to PROVIDE ACADEMIC and DEMOGRAPHIC INFORMATION TO PROGRAMS/SCHOLARSHIPS for WHICH I MIGHT BE ELIGIBLE.

SIGNATURE: _____ *DATE:* _____

PLEASE NOTE THAT YOU ARE CERTIFYING TO ALL STATEMENTS

WARNING: If you purposely give false or misleading information, you may be subject to a fine of up to \$20,000, sent to prison, or both.
Rev. 05/15/08