

SECTION A: APPLICATION INFORMATION

Please complete with blue or black ink.

| | | | | |
|------------------------|-------|---------------|-------------|----------------|
| Last Name | First | Middle | Maiden Name | Preferred Name |
| Social Security Number | | Date of birth | | |
| HOME ADDRESS: | | | | |
| Street Address | | City, State | | Zip Code |
| LOCAL ADDRESS: | | | | |
| Street Address | | City, State | | Zip Code |
| PHONE NUMBERS: | | | | |
| Home Phone | | Work Phone | | Cell Phone |

Do you or your parents work for an organization that will either pay or reimburse tuition charges? Yes _____ No _____

If yes, Employer Name: _____ \$ _____
(for the school year of July 2008-June 2009)

SECTION B: AUTHORIZATION RELEASE

I authorize the office of Student Financial Services to speak to the following about my financial aid application, awards and disbursements (e.g. parents, spouse, guardian, etc.).

Print Name Relationship

Print Name Relationship

I DO NOT authorize the office of Student Financial Services to discuss any information regarding my financial aid application, awards, or disbursement with my parents/guardians/spouse/other. (Please check the box if you do not list any names above.)

STUDENT SIGNATURE **REQUIRED** Date

SECTION C: TRADITIONAL UNDERGRADUATE ONLY

Are you seeking a degree? YES ___ NO ___ If NO, are you seeking teacher certification? YES ___ NO ___

What is your expected date of college graduation? _____

SECTION D: DEPENDENT STUDENTS only: PROVIDE THE FOLLOWING DAYTIME CONTACT INFORMATION:

Mother's/Stepmother's Name & Occupation Preferred contact phone number and/or Email address

Father's/Stepfather's Name & Occupation Preferred contact phone number and/or Email address

Please return completed form to: MidAmerica Nazarene University
Student Financial Services
2030 E College Way
Olathe, KS 66062

Fax: (913) 971-3482
Phone: (913) 971-3298
Feel free to call if you have questions.