MIDAMERICA NAZARENE UNIVERSITY
FINANCIAL AID DATA SHEET, 2007-2008

07-08 | INSTA2

SECTION A: APPLICATION INFORMATION

_____

Last Name First Middle Maiden Name Preferred Name

Social Security Number_____ MNU ID Number_____

PERMANENT 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 2007-June 2008)

SECTION B: INTENDED PROGRAM OF ENROLLMENT

Undergraduate	**Graduate**	**Please list the start date of program:**
Traditional _____	Master of Education (MED)_____	Month/Year Start Date_____
Innovative Adult Education		
MHR/AA/MAPP _____ Group #_____	Master of Ed Tech (MET) _____	Master of Counseling (MAC)_____
Please list the start date of your program:		Master of Arts in Organizational
Month/Year Start Date_____	Master of Business Adm (MBA)_____	Administration (MAOA) _____
	Certificate of Play Therapy (CPT)_____	Master of Arts/Sp. Ed. (MSPED)_____

SECTION C: 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, 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)

_____ _____
STUDENT SIGNATURE Date

SECTION D: TRADITIONAL UNDERGRADUATE ONLY

Do you attend a Nazarene Church? Yes___ No___ Church Name:_____ City, State_____
Are you seeking a degree? YES____NO____ If NO, are you seeking teacher certification? YES____ NO_____

What is your expected date of college graduation? _____
DEPENDENT STUDENTS: PROVIDE THE FOLLOWING DAYTIME CONTACT INFORMATION:

_____
Mother/Stepmother's Name & Occupation Phone number and/or Email address

_____
Father/Stepfather's Name & Occupation 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.