

Please complete form and return to: Office of Financial Aid  
3200 Cold Spring Road  
Indianapolis, IN 46222  
317.955.6040 or 800.834.5494  
Fax: 317.955-6424  
Email: [finaid@marian.edu](mailto:finaid@marian.edu)

**SECTION A**

Student Name: \_\_\_\_\_  
Last First MI Former (if applicable)

Social Security #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
Street City, State, Zip

Phone Numbers: \_\_\_\_\_  
Home Work Cell

Email Address: \_\_\_\_\_ Will you file the FAFSA?  Yes  No

Will you apply for a federal Stafford loan?  Yes  No Will you apply for a private loan?  Yes  No  
(See <http://www.marian.edu/financialaid/Pages/educationloans.aspx> for details.)

I have a degree in \_\_\_\_\_ from \_\_\_\_\_

Licensing Program of Enrollment:  ACTION  Indianapolis Teaching Fellows  Teach For America

Anticipated enrollment (**number of credit hours**) each semester:

Summer '10 \_\_\_\_\_ Fall '10 \_\_\_\_\_ Spring '11 \_\_\_\_\_

Anticipated Marian graduation date: \_\_\_\_\_

Please check any of the following which apply:

I am an employee of Marian University. Position: \_\_\_\_\_

My spouse is employed by Marian University. Position: \_\_\_\_\_

**SECTION B**

**Office Use Only:** IND \_\_\_\_\_ PROF.JUDG. \_\_\_\_\_ VERIFY: Y \_\_\_ N \_\_\_ VER. DATE \_\_\_\_\_  
SI \_\_\_\_\_ SC \_\_\_\_\_ NEED \_\_\_\_\_ COA \_\_\_\_\_

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