

Southwest College of Naturopathic Medicine & Health Sciences

Financial Aid Data Sheet

Part A

This form seeks supplemental data and information concerning you, the student. This information, along with the Student Aid Report (SAR) will be utilized by the Office of Financial Aid in determining what financial aid may be offered. Be sure to answer all questions (front and back).

Name _____

Previous Last Name _____

Social Security Number _____

Birth Date / / Sex: M F

Permanent Address

Address While at SCNM

Phone Number _____

Phone Number _____



Parental Information: This section must be completed by all applicants.

Mother's Name _____

Mother's Address _____

Mother's Phone # _____

Father's Name _____

Father's Address _____

Father's Phone # _____

If both parents are deceased, check here and list the name, address and phone number of nearest relative in the section below.

Name _____

Address _____

Phone # _____



Loan History

Part B

Will you be applying for Federal Financial Aid? Yes No

If yes, applying for: Loans Work Study Scholarships

Will you be applying for Private Educational Loans? Yes No

Have you had Federal Financial Aid in the past? Yes No

Have you attended a post-secondary school within the last 12 months? Yes No

If yes, fill in Part "C".

Please complete and return to Financial Aid Office.

2140 East Broadway Road • Tempe, Arizona 85282

(480) 858-9100 • (480) 858-9116 Fax

www.scnm.edu



Part C

I have attended the following post-secondary schools within the last 12 months.

Name _____

Name _____

City/State _____

City/State _____

Dates of Study _____

Dates of Study _____

Types of Aid Received _____

Types of Aid Received _____

Name _____

Name _____

City/State _____

City/State _____

Dates of Study _____

Dates of Study _____

Types of Aid Received _____

Types of Aid Received _____



Statement of Educational Purpose
(All Must Complete)

Part D

I affirm that I will use any funds I receive under the Federal Stafford Loan Program solely for the expenses related to my attendance at SCNM.

I affirm that I do not owe a repayment on a Pell Grant, Supplemental Educational Opportunity Grant, or State Need Grant previously received for attendance at any institution. I am not in default on a Perkins Loan, Stafford Loan, SLS/PLUS Loan, HEAL or Nursing Student Loan received for attendance at any institution.

I understand that I am responsible for repaying any funds I receive which cannot reasonably be attributed to meeting my educational expenses at SCNM.

I understand that I must be enrolled in an eligible College program to receive federal financial aid.

I understand to continue to be eligible to receive financial aid from federal and or state-funded programs; I must maintain Satisfactory Academic Progress. A student meeting Satisfactory Academic Progress at SCNM must maintain a cumulative GPA of 2.5 and complete 67 percent of all courses attempted in the academic year for which I received aid.

I understand that I must report any changes in name or address to the Office of Financial Aid.

I affirm that the information provided in this application and other financial aid documents is true and correct to the best of my knowledge.

Student Signature _____

Date _____