



ACADEMY of ART UNIVERSITY

FOUNDED IN SAN FRANCISCO 1929 BY ARTISTS FOR ARTISTS

2009/2010 FINANCIAL AID INSTITUTIONAL FORM

1. () Mr. () Mrs. () Ms. _____
(Student) Last Name First Name Middle Initial

2. Please state maiden or other name (if applicable) _____

3. Social Security Number _____

4. Home Phone Number _____ Cell/Work Phone Number _____

5. E-mail address _____

6. Current Address _____

City _____ State _____ Zip Code _____

Permanent Address _____ Apt. # _____
(If different than above)

City _____ State _____ Zip Code _____

7. Date of Birth _____ Place of Birth _____

8. Citizenship Status (Check one):
____ U.S. Citizen
____ Permanent resident or other eligible alien
Alien Reg. # _____

9. When did/will you receive your High School diploma or GED? Month _____ Year _____

10. Have you attended any institution beyond High School within the last two years? () Yes () No
If you answered yes to the above, you must complete the following:

Full Name of Institution Attended	City	State	Dates Attended
_____	_____	_____	_____
_____	_____	_____	_____

11. All refund checks will be mailed to you or your parent (if a credit balance exists from a Parent Plus Loan), within two (2) weeks after your funds are disbursed to your account.

ACKNOWLEDGMENT OF CREDIT TO ACCOUNT

Financial aid funds will be credited towards your account for tuition/fees and room/board (if applicable). By signing below, you are authorizing the Academy of Art University to use your financial aid funds to cover charges other than tuition/fees and room/board (i.e.: late fees, drop fees, graduation fees).

Signed: _____
Student

Date