

**SOUTHEASTERN UNIVERSITY**  
**FINANCIAL AID DEPARTMENT**  
**2006-2007 STUDENT INFORMATION SHEET**

**INSTRUCTIONS:** This institutional application is designed to provide supplemental information on students who are applying for federal financial aid on a "need" basis. To establish need, you must submit a Free Application for Federal Student Aid (FAFSA) to the U.S. Department of Education. Apply online at [www.FAFSA.ed.gov](http://www.FAFSA.ed.gov).

To be considered a priority aid applicant, the FAFSA must be submitted and this application must be returned to SEU no later than April 15<sup>th</sup>. For Florida residents to be considered for a Florida Student Assistance Grant (FSAG), a correct FAFSA must be processed by the U.S. Department of Education by May 15<sup>th</sup>.

This application covers Fall 2006 and Spring 2007 only. If you are a traditional student planning on attending the Summer 2007 session, a separate institutional application will be required.

**PERSONAL DATA:**

NAME \_\_\_\_\_ SOCIAL SECURITY# \_\_\_\_\_  
Last First MI

SEU ID # \_\_\_\_\_ SEU BOX # \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_  
(current student) (current student)

STUDENT'S HOME ADDRESS \_\_\_\_\_  
Street Address City State Zip

STUDENT'S EMAIL ADDRESS \_\_\_\_\_

DRIVER'S LICENSE NO. \_\_\_\_\_ STATE \_\_\_\_\_ TELEPHONE NO. ( ) \_\_\_\_\_ - \_\_\_\_\_  
Marital Status: ( ) Single ( ) Separated ( ) Divorced ( ) Widowed  
( ) Married Name of Spouse: \_\_\_\_\_

Will any other household member(s) attend college at least half-time? ( ) Yes ( ) No  
(If yes, you must attach a list that includes names(s), age, relationship and college to be attended.)

Will you be submitting a Free Application for Student Aid(FAFSA)? ( ) Yes ( ) No

**FLORIDA RESIDENCY:** Number of years you have lived in Florida.  
\_\_\_\_\_ Independent Florida resident for 12 months immediately prior to enrollment at any college.  
\_\_\_\_\_ Dependent of parent/guardian who has been a resident of Florida for the past 12 months.

**ETHNICITY** (for federal/state reporting purposes)  
( ) White, non-Hispanic ( ) Black, non-Hispanic ( ) Hispanic  
( ) Asian or Pacific Islander ( ) American Indian, Alaskan Native

**Where will you reside while attending SEU?**  
( ) On Campus - Dormitory ( ) Off-Campus with spouse and/or children  
( ) Off-Campus - Independent ( ) Off-Campus with parents/relatives

**2006-07 anticipated enrollment:** ( ) Fall & Spring ( ) Fall Only ( ) Spring Only

**Credit hours enrolled:** ( ) Full-Time ( ) Three-Quarter Time ( ) Half-Time

**Program:** ( ) Traditional ( ) DCAE ( ) MBA ( ) Rutland MAML Cohort ( ) Rutland MAML Resident

**DCAE Cohort Name and Number:** \_\_\_\_\_

**Major:** \_\_\_\_\_ **Interning:** ( ) Yes ( ) No

**STUDENT'S EMPLOYMENT INFORMATION:**

Current employer/occupation \_\_\_\_\_

Current employer's address \_\_\_\_\_

Will you receive tuition reimbursement from your employer during the 2006-07 year? ( ) Yes ( ) No

If eligible for Federal Work-Study, will you accept a job on campus? ( ) Yes ( ) No

**STUDENT'S EDUCATIONAL DATA:**

**2006-07 Admission Status:** ( ) Re-admitted SEU Student - Date last enrolled \_\_\_\_\_ ( ) Continuing SEU student ( ) New Freshman ( ) Transfer Student ( ) Graduate Student

List all educational institutions beyond High School that you have attended. **Begin with the institution most recently attended.**

| Name of College, City and State | Dates Attended | Fin.Aid? |
|---------------------------------|----------------|----------|
| 1. _____                        |                |          |
| 2. _____                        |                |          |
| 3. _____                        |                |          |
| 4. _____                        |                |          |

Have you graduated from High School or received a GED? ( ) Yes ( ) No

**If yes, you *MUST* submit a copy of your diploma or GED to the SEU Financial Aid Department, even if this information has already been provided to another department at Southeastern University.**

Have you previously earned a bachelor's degree? ( ) Yes ( ) No

**RESOURCES:**

For the 2006-2007 academic year, which of the following will you receive?

- Financial Assistance from Parent/Family ( ) Yes Amount \$ \_\_\_\_\_ ( ) No
- Southeastern Academic Scholarship ( ) Yes Amount \$ \_\_\_\_\_ ( ) No
- Florida Bright Futures Scholarship ( ) Yes Amount \$/% \_\_\_\_\_ ( ) No
- Florida Pre Paid ( ) Yes Amount \$ \_\_\_\_\_ ( ) No
- Tuition Reimbursement from Employer ( ) Yes Amount \$/% \_\_\_\_\_ ( ) No
- Veteran's Benefits ( ) Yes Amount \$ \_\_\_\_\_ ( ) No
- VA Rehab or Vocational Rehab ( ) Yes Amount \$ \_\_\_\_\_ ( ) No
- Southeastern Drama Scholarship ( ) Yes Amount \$ \_\_\_\_\_ ( ) No
- Southeastern Music Scholarship ( ) Yes Amount \$ \_\_\_\_\_ ( ) No
- RA/Bell Scholarship ( ) Yes Amount \$ \_\_\_\_\_ ( ) No
- Missionary Dependent Waiver ( ) Yes Amount \$ \_\_\_\_\_ ( ) No
- Multiple Sibling Waiver ( ) Yes Amount \$ \_\_\_\_\_ ( ) No
- Misc. Tuition Waiver/Scholarship ( ) Yes Amount \$ \_\_\_\_\_ ( ) No
- Church Scholarship ( ) Yes Amount \$ \_\_\_\_\_ ( ) No
- Other \_\_\_\_\_ ( ) Yes Amount \$ \_\_\_\_\_ ( ) No

If any of this information changes during the academic year, you must notify the SEU Financial Aid Department.

**FAMILY INFORMATION: (complete even if independent)**

|                                    |                 |             |                                    |                 |             |
|------------------------------------|-----------------|-------------|------------------------------------|-----------------|-------------|
| ( ) Father                         | ( ) Step-Father | ( ) Other   | ( ) Mother                         | ( ) Step-Mother | ( ) Other   |
| If "other" list relationship _____ |                 |             | If "other" list relationship _____ |                 |             |
| Name _____                         |                 |             | Name _____                         |                 |             |
| Address _____                      |                 |             | Address _____                      |                 |             |
| City _____                         |                 | State _____ | City _____                         |                 | State _____ |
| Zip _____                          |                 |             | Zip _____                          |                 |             |
| Phone _____                        |                 |             | Phone _____                        |                 |             |
| Occupation _____                   |                 |             | Occupation _____                   |                 |             |
| Social _____                       |                 | DOB _____   | Social _____                       |                 | DOB _____   |

**CERTIFICATIONS**

**2006-2007 ACADEMIC YEAR  
Applicant's Statement**

**Satisfactory Academic Progress:** If I am granted aid from SEU, I hereby certify that I understand that if I do not maintain satisfactory academic progress, as defined below, my aid will be withdrawn until I have re-established satisfactory academic progress.

| <u>Semesters<br/>Attended</u> | <u>Hours<br/>Completed</u> | <u>Cumulative<br/>GPA</u> |
|-------------------------------|----------------------------|---------------------------|
| 2                             | 22                         | 1.50                      |
| 4                             | 44                         | 1.75                      |
| 6                             | 66                         | 1.85                      |
| 8                             | 88                         | 1.90                      |
| 10                            | 110                        | 2.00                      |
| 12                            | 130                        | 2.00                      |

**(NOTE: State programs have separate Academic Progress Requirements.)**

A student who wishes to appeal academic progress status due to extenuating circumstances (i.e., prolonged personal illness, or injury to the student, death of a relative of the student, special circumstances as determined by Southeastern University, significant academic improvement, etc.) must submit a written request to the Financial Aid Appeal Committee.

**Statement of Educational Purpose/Certification Statement of Refunds and Default:** I certify that I do not owe a refund on any grant or loan, am not in default on any loan or have made satisfactory arrangements to repay any defaulted loan, and have not borrowed in excess of the loan limits, under the Title IV programs, at any institution.

I further certify that I will use any money I received under a Title IV loan, grant or work-study program only for expenses related to my study at **Southeastern University**.

I understand that I am responsible for repaying any funds that I receive which cannot reasonably be attributed to meeting my education expenses related to **Southeastern University**.

I further understand that the amount of any repayment is based on regulations published by the Secretary of Education (Federal Department of Education).

I declare under penalty of perjury that the foregoing is true and correct.

**I am a citizen (or eligible non-citizen) of the United States.      Yes \_\_\_\_\_      No \_\_\_\_\_**

**Are you a veteran of the U.S. Armed Forces?      Yes \_\_\_\_\_      No \_\_\_\_\_**

**STATEMENT OF REGISTRATION STATUS**

- \_\_\_\_\_ I certify that I am not required to be registered with Selective Service because:
  - \_\_\_\_\_ I am female.
  - \_\_\_\_\_ I am in the armed services on active duty. (Note: Does not apply to members of the Reserves and National Guard who are not on active duty.)
  - \_\_\_\_\_ I have not reached my 18th birthday.
  - \_\_\_\_\_ I was born before 1960.
  - \_\_\_\_\_ I am a permanent resident of the Trust Territory of the Pacific Islands (Palau).
  - \_\_\_\_\_ I am a citizen of the Marshall Islands, the Federated States of Micronesia.

\_\_\_\_\_ I certify that I am registered with Selective Service.

2006-2007  
UNTAXED BENEFITS  
HOUSING/LIVING ALLOWANCE STATEMENT  
SOUTHEASTERN UNIVERSITY  
LAKELAND, FLORIDA

For financial aid purposes, housing, food and other living allowances for military, clergy, and others must be reported as untaxed benefits (both cash payments and cash value of benefits must be included). If the parent, or student, receives money to pay rent, he or she should list the amount of money received. If the parent, or student, receives use of a house or apartment, he or she should report the amount that would be paid to rent a comparable house or apartment (market value).

If the student received free room and board in the base year (2005), the student must report the value of the room and board as untaxed income.

Military personnel and clergy are often given a housing allowance, or free housing, as a supplement to their salaries. Living and housing allowances must be reported if these allowances are a form of compensation. Utilities are not considered in calculating untaxed benefits. For example, if a minister owns his or her house but the mortgage payments are paid by the church, the total amount of the mortgage payments made by the church on the minister's behalf (during the base year) must be considered in calculating untaxed benefits and/or income.

**PARENTS (DEPENDENT STUDENTS ONLY)**

\_\_\_\_\_ Housing/Living allowance in the amount of \$ \_\_\_\_\_ was received during the base year (2005).

\_\_\_\_\_ Did not receive any Housing/Living allowance during the base year (2005).

\_\_\_\_\_  
SIGNATURE OF PARENT

\_\_\_\_\_  
DATE

**STUDENT (DEPENDENT OR INDEPENDENT STUDENTS)**

\_\_\_\_\_ Housing/Living allowance in the amount of \$ \_\_\_\_\_ was received during the base year (2005).

\_\_\_\_\_ Did not receive any Housing/Living allowance during the base year (2005).

**STUDENT PAYMENT RESPONSIBILITY FORM**

Your financial aid file must be complete prior to the first day of classes. This means all required documents must be in your file in the SEU Financial Aid Department prior to the beginning of the Fall semester.

If your financial aid file is not complete, and you are allowed to begin classes, your Student Account will need to be set-up with Tuition Management Systems. Until your financial aid award is actually applied to your student account, you will be responsible for all payments, late charges and service charges as they become due.

I agree to participate in the Tuition Management Systems payment plan if my financial aid file is not complete prior to the beginning of the semester.

I certify that I have read, and understand, all the foregoing statements.

PRINT NAME \_\_\_\_\_

DATE \_\_\_\_\_

SIGNATURE \_\_\_\_\_

SOC. SEC. # \_\_\_\_\_

THIS FORM MUST BE COMPLETED, SIGNED AND RETURNED TO:

FINANCIAL AID DEPARTMENT  
SOUTHEASTERN UNIVERSITY  
1000 LONGFELLOW BLVD.  
LAKELAND, FLORIDA 33801