FINANCIAL AID FORM SUPPLEMENT
GRADUATE STUDENTS 2008-2009

The Office of Financial Assistance requires the completion of this form prior to the awarding of "need based" financial assistance. This form, in addition to the results of the 2008-2009 FAFSA (Free Application for Federal Student aid), will be used to calculate your eligibility for assistance through various state, federal and private graduate loan programs. Additionally, the information may be used by other campus agencies seeking financial "need" information to assist in the awarding of other types of assistance. If you have any questions concerning this or other matters, please contact the Office of Financial Assistance, Room 100, Swords Hall. PHONE: (309) 677-3089 FAX: (309) 677-2798.

I.D. NUMBER _____

LEGAL NAME_____
(Last) (First) (Middle) (Maiden)

PERMANENT ADDRESS Street _____ City _____State _____ Zip Code_____
Phone: ( ) _____- _____ FAX: ( ) _____-_____ E-Mail Address _____

MAILING ADDRESS Street _____ City _____State _____ Zip Code_____
Phone: ( ) _____- _____ FAX: ( ) _____-_____ E-Mail Address _____

1. What program of study are you pursuing? _____

2. When do you expect to complete your degree? _____/_____
Month Year

3. Are you in the M.L.S. (Master of Liberal Studies) program? _____YES _____ NO

4. Are you in the Special Degree Completion Program _____YES _____ NO

5. Indicate your intended course enrollments during the 2008-2009 academic year:

May Interim 2008	_____Hrs.	Fall Semester 2008	_____Hrs.
First Summer 2008	_____Hrs.	January Interim 2009	_____Hrs.
Second Summer 2008	_____Hrs.	Spring Semester 2009	_____Hrs.

If you have been selected to receive financial assistance for graduate study for 2008-2009, indicate below the type and amount of each source of assistance.

Assistantship _____% up to _____total hours with a stipend of $_____ per semester

Scholarship _____% up to _____ $_____

Fellowship/Name _____ $_____

Employer Reimbursement _____% of reimbursement with a grade of _____ or better

Employer Name _____

Other/specify _____

I CERTIFY THAT THE INFORMATION CONTAINED ON THIS FORM IS TRUE AND ACCURATE AND WILL IMMEDIATELY NOTIFY THE OFFICE OF FINANCIAL ASSISTANCE OF ANY CHANGES TO THIS INFORMATION.

SIGNED _____ DATE_____/_____/_____