FINANCIAL AID SUPPLEMENT
GRADUATE STUDENTS 2009-2010

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 2009-2010 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 _____ **Social Security 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 2009-2010 academic year:

May Interim 2009	_____hours	Fall Semester 2009	_____hours
First Summer 2009	_____hours	January Interim 2010	_____hours
Second Summer 2009	_____hours	Spring Semester 2010	_____hours

If you have been selected to receive financial assistance for graduate study for 2009-2010, 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 _____hours $_____

Fellowship/name _____ $_____

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

Employer Name _____

Other/specify _____

PLEASE ATTACH A COPY OF YOUR LETTER FROM THE GRADUATE SCHOOL SHOWING YOUR ASSISTANTSHIP AND/OR SCHOLARSHIP AWARD

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_____/_____/_____