

# Financial Aid Application

## Office of University Financial Aid

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2002—2003 Academic Year

This application is valid only for the academic year beginning June, 2002 and ending May, 2003

### General Instructions

Case Western Reserve University believes that the primary responsibility for financing a college education rests with the student and the family. Financial aid from the University should be viewed as supplemental to the efforts of the family. The University attempts to offer the types and amount of assistance to meet the particular circumstances of each recipient. Students must be enrolled on at least a half-time (generally six (6) credits), degree-seeking basis to be eligible for any Federal assistance and as a full-time, degree-seeking student to be eligible for institutional gift assistance. Students admitted on a provisional basis may or may not be eligible for reduced levels of Federal loans and should contact the Office of University Financial Aid for additional information. Students must maintain satisfactory academic progress to receive financial aid. New students must be accepted for admission before financial aid is awarded. All financial assistance is awarded for one academic year only. A new application, financial statement, and Federal Tax Returns must be submitted each year.

### Application Procedures

To apply for financial assistance at Case Western Reserve University, **all students** should:

1. Submit a CWRU *Financial Aid Application*.
2. Mail to the Federal Student Aid Programs processor a copy of the *Free Application for Federal Student Aid* (FAFSA) or complete a FAFSA/Renewal FAFSA on the Web at <http://www.fafsa.ed.gov>.
3. Submit a **signed** copy of the Student's/Spouse's 2001 Federal Tax Return and W-2(s) (including **all** schedules and forms). If the student/spouse will not file a 2001 Federal Tax Return, submit a *Student/Spouse Statement of 2001 Income*.

#### Additional requirements for undergraduate students

4. Send the *CSS/Financial Aid Profile*® Form to the College Scholarship Service in the envelope provided. This form is required from first year students and Binary/Transfer students.
5. Submit a **signed** copy of the parents' 2001 Federal Income Tax Return and W-2(s) (including **all** schedules and forms). The student's name and social security number must be listed at the top of each form. If the parents will not file a 2001 Federal Income Tax Return, submit a *Non-Filer Verification Statement* (available upon request from the Office of University Financial Aid).

#### Additional requirements for graduate/professional students

6. A *Memo of Assistance* from school (excluding School of Dentistry) or department indicating projected credit hours and departmental assistance. This is forwarded by your school or department to the Office of University Financial Aid after you have been admitted.
7. Students enrolled in the **School of Dentistry** must supply parental information on the FAFSA, the *Verification Form*, and submit a signed copy of their parents' 2001 Federal Tax Return, (including all schedules and W-2s) for consideration of funding through the Department of Health & Human Services.

#### Additional requirements

8. Students selected for verification by the U.S. Department of Education will be sent a *Verification Form* when CWRU receives the FAFSA results.
9. Students enrolled in Health Professions Programs may be required to provide Financial Aid Transcripts from previous schools attended.

**All application materials must be received in the Office of University Financial Aid by April 30, 2002. We cannot guarantee the availability of funding to applicants submitting materials after this date. An application will be processed when all forms have been received.**

### Summer Information

#### Summer Federal Work-Study

- If you are not enrolled in classes during the Summer and are employed, your net Federal Work Study earnings (gross earnings minus taxes) will be included as a financial aid resource for the 2002-2003 academic year.
- Total hours worked per week may not exceed 40.
- The hourly rate for any job will be consistent with student salaries in the community and must be approved by the Student Employment Office.
- You must enroll at CWRU on at least a half-time basis for the Fall Semester, 2002 (unless graduating in August, 2002).

#### Summer Loans (Federal Stafford or Federal Direct Loans)

- You must be enrolled for at least three credit hours during the 2002 Summer Session.
- Students enrolled for the Summer Session only or in intensive courses only are not eligible for Federal Loans.

You must notify the Office of University Financial Aid if your summer plans change or if your hours of summer enrollment change after submitting this form.

### Independent Students

A student will be considered as independent/self-supporting (for the purpose of receiving Federal financial aid) if that student is:

1. 24 years of age by December 31, 2002 or
2. An orphan or ward of the court until age 18; or
3. A veteran; or
4. Not married, but with legal dependents; or
5. Married; or
6. A graduate/professional student.

Return This Form To:

Case Western Reserve University  
Office of University Financial Aid  
10900 Euclid Avenue  
Cleveland, OH 44106-7049

voice: 216-368-4530  
fax: 216-368-5054  
<http://finaid.cwru.edu>

<b>(1) I am applying for (check all that apply)</b> <input type="checkbox"/> Summer Work Study (summer 2002) <input type="checkbox"/> Other aid for summer session 2002 <input type="checkbox"/> Aid for fall semester 2002 only (August—December 2002) <input type="checkbox"/> Aid for spring semester 2003 only (January—May 2003) <input type="checkbox"/> Aid for 2002—2003 academic year (August 2002—May 2003)	<b>(2) Social Security #</b> <div style="text-align: center;"> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> </div> <b>(3) Dependency status (see instructions on front page)</b> <input type="checkbox"/> Dependent <input type="checkbox"/> Independent
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**Personal Information**

<b>(4) Name of applicant</b>			<b>(5) Telephone number(s)</b>		
Last Name	First Name	MI	Home Tel. # ( ) -	Work Tel. # ( ) -	
<b>(6) Permanent Home address</b>					
Home Address			City	ST	Zip Code
<b>(7) Gender (optional)</b> <input type="checkbox"/> Male <input type="checkbox"/> Female	<b>(8) Date/Place of Birth</b> DOB (MM/DD/YY)      City/ST or City/Country / /		<b>(9) Citizen of what state when you first enrolled at CWRU/e-mail</b> State      How many years      e-mail address		
<b>(10) US Citizen</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>(11) Permanent Resident (PLEASE ATTACH COPY OF ALIEN REGISTRATION CARD)</b> <input type="checkbox"/> Yes <input type="checkbox"/> No  Alien Registration # _____		<b>(12) Currently a citizen of what state</b> State      How many years  Driver's License # _____      State of Issuance _____		
<b>(13) Where will you live from June to August, 2002?</b> <input type="checkbox"/> CWRU Housing <input type="checkbox"/> Student's home <input type="checkbox"/> Fraternity/Sorority Housing <input type="checkbox"/> Parent's home Name _____ <input type="checkbox"/> Other (specify) _____ <input type="checkbox"/> Off campus _____ <input type="checkbox"/> Relative's home _____			<b>(14) Where will you live from September, 2002 to May, 2003?</b> <input type="checkbox"/> CWRU Housing (U) <input type="checkbox"/> Student's home (O) <input type="checkbox"/> Fraternity/Sorority Housing (F) <input type="checkbox"/> Parent's home (C) Name _____ <input type="checkbox"/> Other (specify) _____ <input type="checkbox"/> Off campus (O) _____ <input type="checkbox"/> Relative's home (O) _____		

**Academic Information**

<b>(15) Enrollment status</b> <input type="checkbox"/> Undergraduate <input type="checkbox"/> Binary <input type="checkbox"/> Transfer Student <input type="checkbox"/> Grad./Professional <input type="checkbox"/> Readmit <input type="checkbox"/> Other (specify/explain) _____  <input type="checkbox"/> Non-degree* <input type="checkbox"/> Provisional admit <input type="checkbox"/> Certificate Program <input type="checkbox"/> Length of program Yrs. ____ Mos. ____ <input type="checkbox"/> IGS/BS/MS <input type="checkbox"/> Transient* *contact office of University Financial Aid	<b>(16) School enrolled in:</b> <input type="checkbox"/> School of Arts and Sciences (AS) <b>Nursing</b> <input type="checkbox"/> Case School of Engineering (CE) <input type="checkbox"/> B.S.N. <input type="checkbox"/> WSOM-UG (WS) <input type="checkbox"/> R.N.-B.S.N. <input type="checkbox"/> Dentistry (D) <input type="checkbox"/> N.D. <input type="checkbox"/> Dentistry Grad (DG) <input type="checkbox"/> M.S.N (NG) <input type="checkbox"/> Graduate (G) <input type="checkbox"/> R.N.-M.S.N. (NG) <input type="checkbox"/> Law (L) <input type="checkbox"/> Ph.D. <input type="checkbox"/> Law Masters (LM) <b>MSASS</b> <input type="checkbox"/> WSOM (MG) <input type="checkbox"/> 2-yr. Program (S) <input type="checkbox"/> Joint Degree _____ <input type="checkbox"/> Ext. Degree (SX) <input type="checkbox"/> Other _____ <input type="checkbox"/> Intensive Weekend (SIS) <b>Mandel Center (MG)</b> <input type="checkbox"/> MNO Degree <input type="checkbox"/> CNM Certificate	<b>(17) What will your class standing be Sept. 2002?</b> <table style="width:100%;"> <tr> <td style="width:50%;"><b>Undergraduate</b></td> <td style="width:50%;"><b>Graduate/Professional</b></td> </tr> <tr> <td><input type="checkbox"/> 1<sup>st</sup> Year (01)</td> <td><input type="checkbox"/> First (07)</td> </tr> <tr> <td><input type="checkbox"/> Sophomore (02)</td> <td><input type="checkbox"/> Second (08)</td> </tr> <tr> <td><input type="checkbox"/> Junior (03)</td> <td><input type="checkbox"/> Third (09)</td> </tr> <tr> <td><input type="checkbox"/> Senior (04)</td> <td><input type="checkbox"/> Fourth (10)</td> </tr> <tr> <td><input type="checkbox"/> Other _____</td> <td><input type="checkbox"/> Post grad. (11)</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Other _____</td> </tr> </table> <b>(19) Will you have a bachelor's degree prior to August 31, 2002?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Undergraduate</b>	<b>Graduate/Professional</b>	<input type="checkbox"/> 1 <sup>st</sup> Year (01)	<input type="checkbox"/> First (07)	<input type="checkbox"/> Sophomore (02)	<input type="checkbox"/> Second (08)	<input type="checkbox"/> Junior (03)	<input type="checkbox"/> Third (09)	<input type="checkbox"/> Senior (04)	<input type="checkbox"/> Fourth (10)	<input type="checkbox"/> Other _____	<input type="checkbox"/> Post grad. (11)		<input type="checkbox"/> Other _____	<b>(18) College credits expected to carry at CWRU</b> Summer, 2002 _____ Fall, 2002 _____ Spring, 2003 _____  <b>(20) Major field of study for 2002—2003</b> _____ <b>Expected grad. date</b> ____ / ____ / ____ <b>Have you received financial aid from CWRU in the past?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Undergraduate</b>	<b>Graduate/Professional</b>																
<input type="checkbox"/> 1 <sup>st</sup> Year (01)	<input type="checkbox"/> First (07)																
<input type="checkbox"/> Sophomore (02)	<input type="checkbox"/> Second (08)																
<input type="checkbox"/> Junior (03)	<input type="checkbox"/> Third (09)																
<input type="checkbox"/> Senior (04)	<input type="checkbox"/> Fourth (10)																
<input type="checkbox"/> Other _____	<input type="checkbox"/> Post grad. (11)																
	<input type="checkbox"/> Other _____																

**Special Programs**

**(21) Which semester(s) will you be employed in the Co-op program? (check all that apply)**  
 Spring, 2002     Summer, 2002     Fall, 2002     Spring, 2003    # of months you will co-op \_\_\_\_    Gross monthly earnings \$\_\_\_\_\_.00

**(22) Which semester(s) will you be enrolled in the Junior Year Abroad Program through Undergraduate Studies (undergraduates only) or in an international exchange program through the Weatherhead School of Management (WSOM students only)? (check all that apply)**  
 Please request a copy of the *Foreign Study Cost Sheet* from the Office of University Financial Aid.  
 Summer, 2002     Fall, 2002     Spring, 2003     Summer, 2003    Institution/ Location \_\_\_\_\_

**(23) School of Nursing students only**  
**Will you enroll at another school during 2002–2003 for co-requisites?**     Yes     No  
 Name of school \_\_\_\_\_ Credit hours \_\_\_\_\_ Which terms? \_\_\_\_\_  
**You must submit a statement of program costs directly from the school or incorporated in its literature and a letter of approval from the Office of Undergraduate Studies.**

**(24) School of Nursing or School of Dentistry students only:**  
**New students enrolled in the Schools of Nursing or Dentistry who have previously attended a college or university in a health professions program must list the name of the school(s) previously attended and obtain a financial aid transcript from the school(s):**  
 Name of school(s) \_\_\_\_\_



**All students must complete the following:**

**WARNING: To receive any Title IV financial aid, you must complete the Statement of Educational Purpose and Certification Statement on Refunds and Default, and you must be registered with the Selective Service, if you are required to register. If you purposely give false or misleading information, you may be subject to a fine of up to \$10,000, imprisonment for up to 5 years, or both.**

**(31) Permission to release financial information**

I grant permission to the CWRU Office of University Financial Aid to release my name and/or financial information to a source outside the University if I am being considered for a financial aid award, scholarship or loan from that source.

- Yes     No

If I receive financial assistance from an outside donor I authorize the Office of Financial Aid to release my grade reports to that donor if requested.

- Yes     No

If I receive a scholarship from CWRU or from an outside donor, I authorize CWRU to release my name and that of the scholarship to my hometown media.

- Yes     No

I grant permission to the CWRU Office of University Financial Aid to discuss information on my financial aid application and all accompanying documents with the following person(s):

- Spouse (Name) \_\_\_\_\_
- Parent/Step-Parent (Name) \_\_\_\_\_
- Parent/Step-Parent (Name) \_\_\_\_\_
- Other (Name/Relationship) \_\_\_\_\_

**(32) The student should read carefully and understand the significance of the statement below which he or she must sign.**

Under federal regulations a statement made under penalty of perjury may be substituted for notarization.

I hereby affirm that I understand that I may not receive more than \$4,000 in any one year under the terms of the Supplemental Educational Opportunity Grant Program.

I hereby affirm that I understand that I may not receive more than \$4,000 per year during the four years of undergraduate study, nor more than \$6,000 per year during my graduate or professional education under the terms of the Perkins Loan Program.

I hereby affirm that I understand that I may not receive more than \$23,000 during the years of undergraduate study (\$2,625 for the first year of undergraduate study, \$3,500 for the second year of undergraduate study, and \$5,500 per year for the remaining years of undergraduate study), more than \$8,500 in any one year of graduate or professional education, nor more than \$65,500 cumulative through my undergraduate and graduate education under terms of the Stafford Loan Program/Federal Direct Subsidized Loan Program.

I hereby affirm that I understand that I may not receive more than \$23,000 during the years of undergraduate study (\$4,000 annually for the first 2 years of undergraduate study, and \$5,000 per year for the remaining years of undergraduate study), more than \$18,500 per year of graduate or professional study, nor more than \$73,000 cumulative under the terms of the Unsubsidized Stafford Loan Program/Federal Direct Unsubsidized Loan Program.

I hereby affirm under penalty of perjury that I have not exceeded any of the statutory limits on the Federal student assistance programs as outlined above.

I hereby affirm under penalty of perjury that it is my intention to repay any loan funds received as a result of this application, and I further affirm that I am not in default on any loans received under the Perkins Loan Program, Stafford/Direct Student Loan or Loan for Parents Programs.

I hereby affirm under penalty of perjury that I do not owe a refund on any funds received under the Pell Grant, Supplemental Educational Opportunity Grant, or Federal Work-Study Programs. I further affirm under penalty of perjury that I am not delinquent or in default on any Federal debt.

I hereby affirm that I will use any funds I receive under the Pell Grant, Supplemental Educational Opportunity Grant, Federal Work-Study Program, Perkins Loan Program, Stafford/Direct Student Loan or Loan for Parents solely for expenses related to attendance at Case Western Reserve University.

I understand that I am responsible for repaying any funds I receive which cannot be attributed to meeting my educational expenses at Case Western Reserve University.

I further understand that the amount of any repayment is based on regulations established by the U.S. Secretary of Education or the U.S. Secretary of Health and Human Services.

I authorize Case Western Reserve University to apply any Title IV financial aid funds toward the payment of tuition, fees, health insurance, charges for room and board when contracted with the University, refund advances, and other institutional charges incurred at my discretion.

I make this request to assure the timely payment of my direct educational charges and understand that an accounting of these funds is available to me at any time. I further understand that I have the right to rescind this request (in writing) and receive the proceeds in excess of my tuition, fees, and contracted room and board charges at any time after the end of the drop/add period without penalty. I agree to accept responsibility for any outstanding charges assessed by Case Western Reserve University should I request such a refund and will make payment in a timely manner or be subject to late payment fees.

**(33) Please complete and sign the following:**

1. I certify that I am not required to register with selective service, because:

- a.  I am female;
- b.  I am in the armed services on active duty. (Note: members of the reserves and National Guard are not considered on active duty);
- c.  I have not reached my 18<sup>th</sup> birthday;
- d.  I was born on or before December 31, 1959;
- e.  I am a citizen of the Federated States of Micronesia, the Marshall Islands or Palau;

or

2.  I certify that I am registered with Selective Service.

Registration Number \_\_\_\_\_

**NOTICE- you will not receive Title IV financial aid unless you complete this statement and give proof to your school of your registration compliance. If you purposely state falsely that you are registered or that you are not required to be registered, you may be subject to a fine or imprisonment, or both (20 U.S.C. 1091 and 50 U.S.C. App 462).**

**I certify under penalty of perjury that I have never been convicted in federal or state court of the manufacture, possession, use, or distribution of an illegal, controlled substance.**

**I certify that, as a condition of my receipt of Federal Title IV Student Financial Assistance, I will not engage in the unlawful manufacture, distribution, dispensation, possession, or use of a controlled substance during the period covered by said Federal Title IV Student Financial Assistance.**

I certify that the information provided in Sections 31 through 33 is true and correct.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

**Personal Questionnaire (optional)**

- (34) Ethnic background (e.g., Polish, African-American, Chinese, Ukrainian, Other):** \_\_\_\_\_
- (35) Religious Affiliation:** \_\_\_\_\_
- (36) Academic interests/career goals:** \_\_\_\_\_
- (37) Extracurricular activities/other interests:** \_\_\_\_\_