



SIMMONS COLLEGE STUDENT INFORMATION FORM 2012-2013

Name: _____ Simmons ID: _____

Address: _____
Street Apt # City State Zip Code

Phone Number: _____ Date of Birth: _____

PROGRAM INFORMATION FOR 2012-2013

Will 2012-2013 be your first year attending Simmons College? YES NO

Are you applying for aid as a:

- Graduate Student
- Undergraduate Student
- Dix Scholar

If you are a Dix Scholar, do you have a prior Bachelor's degree?

YES NO

What was or will be your first term at Simmons?

What is your area of study?

- College of Arts & Sciences
- School of Library & Information Science
- School of Social Work
- School of Management
- School of Nursing & Health Sciences

When do you anticipate on graduating from your current program at Simmons?

Month _____ Year _____

INTENDED ENROLLMENT FOR 2012-2013 – DO NOT LEAVE THIS BLANK!

If you do not plan to take classes during a particular term, enter 0 in the space for that term. Please do not enter the number of classes you will take. If you **do not know** the number of credits you will be taking, **please contact your academic program.**

Term	Graduate Students and Dix Scholars <small>List the EXACT number of credits you plan to take per semester</small>	Undergraduate Students <small>Check the box for Fall and Spring if you will enroll full-time. List the EXACT number of Summer credits</small>	Study Abroad
Summer I 2012			<input type="checkbox"/> Yes, which program: _____
Summer II 2012			<input type="checkbox"/> Yes, which program: _____
Fall 2012			<input type="checkbox"/> Yes, which program: _____
Spring 2013			<input type="checkbox"/> Yes, which program: _____

Non-Dix Undergraduate Students may check the box to indicate full time enrollment rather than indicating a number of credits. Graduate students must indicate the number of credits in which they will enroll. Your intended enrollment information will be used to determine your eligibility for financial aid. If your plans change, please notify Student Financial Services in writing because it may affect your aid eligibility.

Please Note:

Students must be enrolled at least half-time and admitted to a degree-seeking program in order to qualify for federal aid. If you indicate that you will enroll less than half-time or are not admitted to a degree-seeking program, you are not eligible for most types of financial aid.

Half-Time is defined as:

A minimum of 6 credits for all Undergraduate Students
 A minimum of 5 credits for Graduate Students (4 credits for the Accelerated Master's of Health Administration)
 Students may not combine credits from different semesters to arrive at half-time status.

WILL YOU RECEIVE ANY AID FROM A SOURCE OTHER THAN SIMMONS COLLEGE?

Outside Scholarship \$ _____ Source _____

Outside Scholarship \$ _____ Source _____

If you receive a scholarship or grant from any source outside of Simmons College, you are required to notify Student Financial Services by submitting a copy of the award letter from the agency.

UNDERGRADUATE STUDENTS ONLY

Where will you live during the school year?

Simmons College Residence Hall Off-Campus Apartment With Parent(s)

Parent You Live With: _____	Spouse of Parent (if applicable): _____
Phone Number: _____ Home/Cell/Work	Phone Number: _____ Home/Cell/Work
Email: _____	Email: _____

If you would like to give consent for SFS to discuss your financial aid award or billing statement with anyone other than you or the parent you live with, please speak with your assigned financial aid officer. You can find your financial aid officer's name and contact information on our website.

SIGNATURES AND CERTIFICATIONS – PLEASE READ THIS SECTION CAREFULLY

I understand that by signing this form that all information provided is complete and correct to the best of my knowledge.

I understand that reporting incorrect or inaccurate information on this form may result in a change to my financial aid award.

I understand that the omission of any information on this form may result in a delay in the receipt of my financial aid award.

I understand that by signing this form, I authorize Simmons College to release my (and my family's) financial and/or academic information to outside agencies for the purpose of processing any benefit I may receive from those agencies.

I understand that in order to be awarded financial aid, I must submit a 2012-2013 FAFSA (Free Application Federal Student Aid) in addition to this form. The FAFSA can be completed at <http://www.fafsa.ed.gov>.

I understand that if there is any change in the information provided on this form I must notify the Student Financial Services office in writing and that my financial aid award may be revised.

I understand that if I do not notify Student Financial Services of changes to my enrollment, my actual enrollment will be reviewed at the end of the add/drop registration period and my financial aid will be adjusted at that time, if necessary.

I understand that I may be asked to supply additional information (e.g., Federal Income Tax Returns and W-2's) to complete my financial aid file and that I cannot receive financial aid without a complete application.

Student Signature: _____ Date: _____

Parent Signature: _____ Date: _____

One parent's signature is required ONLY if student is a dependent Undergraduate Student.