



2019-2020 Returning Student Financial Aid Application

Please Return To:

Student Financial Aid Office
Gwynedd Mercy University • 1325 Summeytown Pike • Gwynedd Valley, PA 19437
Phone: (215) 646-7300 Fax: (215) 641-5556
Email: Financialaid@gmercyu.edu Website: www.gmercyu.edu

Please check one of the following:

- I have submitted or plan to submit my 2019-2020 FAFSA
 I do not plan on filing the 2019-2020 FAFSA and I request to be considered for institutional aid only.

Contact Information:

Student's Legal name (First, MI, Last)

Last 4 # SS

Street Address (include apt. #)

City

State

Zip Code

Student's Primary Phone # (include area code)

Student's Primary E-mail Address

Academic Information:

College Major (Bachelor Degree/Master Degree)

Graduation date

Residency Information: (check one):

- Parent's Home On Campus Hall Renting Off- Campus Home Owner
 Other (please explain) _____

Enrollment:

Please indicate your enrollment information for each semester:

Fall 2019: Part-Time (6-11 credits) Indicate number of credits _____
 Full-Time (12 credits or more)

Spring 2020: Part-Time (6-11 credits) Indicate number of credits _____
 Full-Time (12 credits or more)

Summer I: Year: _____ Indicate number of credits: _____

Summer II: Year: _____ Indicate number of credits: _____

Are any of these credit hours accelerated? Yes No

If yes, how many accelerated credits are you enrolled _____ Fall 19 _____ Spring 20 _____ Summer 20

Please note: Part-time and accelerated students must specify the exact number of credits they will be taking. This has a direct impact on aid eligibility and award amounts. Please provide an explanation if necessary.

Veteran Benefits:

Are you an eligible veteran or dependent receiving Veterans Educational Benefits? No, I am not.

- Chapter 33 benefits Chapter 31 benefits
 Chapter 35 benefits Chapter 1606 benefits

Please Note: please attach a copy of the Certificate of Eligibility notification from the VA.

Other Sources of Financial Aid: (ex. Tuition benefits, private scholarship and etc....)

Please list any other sources of financial aid and the amounts (if not applicable, please write N/A):

Type: _____ Amount: _____

Type: _____ Amount: _____

Do you volunteer for any type of on-campus on off-campus community service? Yes No

If yes, please list the organization name and a brief description:

_____	_____
Organization Name	Brief Description
_____	_____
Organization Name	Brief Description

Special Circumstances:

If there are any unusual circumstances or reduction in expenses such as reduction of income, divorce/separation, death in family and/or loss of employment, please complete the Reduced Income form located on our site and provide supporting documentation of the circumstances that occurred. If you have questions regarding the form, please contact the Student Financial Aid Office at financialaid@gmercyu.edu

Rights and Responsibilities:

- I am in need of the aid requested and understand my responsibilities as an aid applicant.
- I will report any change in information submitted on my financial aid forms to the Financial Aid Office, as well as a representative from my outside sources of financial aid. I also understand that these changes may cause an adjustment in my financial aid package
- I understand that my receiving any financial aid is contingent on my maintaining Satisfactory Academic Progress in the course of study I am pursuing.
- I understand that all information submitted as part of my financial aid application is subject to Federal Verification. Further, I recognize that the university has the obligation, according to federal guidelines (CFR Title 34, Part 688), to resolve discrepancies and to make adjustments to the financial need reflected on my financial aid forms.
- The information submitted on my financial aid application is true, correct and complete.
- I voluntarily authorize **Gwynedd Mercy University** to retain in my account Federal Direct Loan proceeds sufficient to cover my billed charges for the term of the loan. I understand that I can rescind this authorization at any time and that such must be in writing, signed and dated.
- **I certify that the Federal Student Financial Assistance I may receive will only be use for educational purposes and to pay the cost of attendance.**

Applicant's Signature

_____/_____/_____
Date