



STUDENT FINANCIAL AID APPLICATION

Academic Year: 20__ - 20__

Please check the quarter that you plan to enter Sherman College:

Summer (July) Fall (Oct.) Winter (Jan.) Spring (April)
20__ 20__ 20__ 20__

This form must be completed and returned to Sherman College Financial Aid Office before you can be considered for any type of financial aid. Financial Aid is awarded for one academic year (9 months) at a time. You must re-apply each academic year to be considered for future financial assistance. Students must also be approved for admittance from the Admission Office.

The Financial Aid Office requires the following documents on file prior to and aid being processed:

1. Sherman College Financial Aid Application (this form)
2. Student Aid Report (SAR) from your FAFSA
3. Stafford Master Promissory Note (on line – website based on lender choice)

Name: _____ Birth Date: _____ Sex: _____

Local Address: _____

_____ Telephone#: _____

Permanent Address: _____

_____ Telephone#: _____

Cumulative GPA: _____ SSN: _____ Full-time: _____ Part-time _____

Degrees Held: _____

Colleges you have attended: _____

Have you ever defaulted on a student loan? Yes: _____ No: _____

Please check the appropriate programs for which you have already applied or for which you would like to apply:

____ Stafford Subsidized Loan ____ Graduate Plus Loan

____ Stafford Unsubsidized Loan ____ Perkins Loan

____ Other (Private Loan)

College Work-Study Information

Students who wish to participate in the on-campus College /Work-Study program must complete an application with the Financial Aid Office to be considered for campus employment.

Students are encouraged to take the first quarter to get settled in prior to beginning work-study. Talk with you financial aid representative if you are interested in participating in the work-study program.

Certification

I certify that the above information is true and correct. I understand that specific documents are required to determine eligibility to receive any type of financial aid and that it is my responsibility to ensure that all required documents are on file in the Financial Aid Office. I understand that by submitting fraudulent information, I may become ineligible for Financial Aid at Sherman College of Straight Chiropractic.

Signature: _____ Date _____

Social Security Number: _____

If you have any questions regarding financial aid or if you require assistance, please do not hesitate to call. We are here to assist you. Please call (864)578-8770 or 1-800-849-9771, ext. 204 or 231.

Return this form to:
Financial Aid Office
Sherman College of Straight Chiropractic
P.O. Box 1452
Spartanburg, S.C. 29304

Sherman College is an equal opportunity employer and does not discriminate on the basis of age or sex. Sherman College admits students of any race, national or ethnic origin.