



COLBY-SAWYER COLLEGE

541 Main Street, New London, NH 03257

800-272-1015 • FAX: (603) 526-3452

http://www.colby-sawyer.edu/admissions/financial_aid/index.html

Instructions: Complete this application at the same time as you complete your Free Application for Federal Student Aid (FAFSA). Colby-Sawyer College's school code is 002572. Complete this application in its entirety; do not leave questions blank. If the answer to a question is zero, write "0". Incomplete applications will be returned unprocessed.

Preferred Filing Dates for 2005-06:

Freshmen: February 15th

Transfer and Returning Students: April 15th

Section A Student's Identification Information

1. Name: _____
2. Driver's ID#: _____
3. Social Security Number: _____-_____-_____
4. Date of Birth: _____
5. Permanent Address: _____

Street Address

City/Town
State
Zip

Section B Student's Information

1. What year will you be in college in 2005-2006:
 freshmen (0-29 credits) sophomore (30-59 credits) junior (60-89 credits)
 senior (90 credits or more) fifth year senior
2. What is your expected college graduation date (month/year): _____
3. Please list the semesters for which you are applying for financial aid and the number of credit hours you plan to take:
Fall Semester 12 credits or more if less than 12 credits how many credit hours: _____
Spring Semester 12 credits or more if less than 12 credits how many credit hours: _____
4. Do you plan to participate in a study abroad program during the 2005-2006 academic year? _____
5. Housing status during the 2005-2006 academic year:
 on-campus off-campus off-campus with parent(s)/relative(s)/spouse
6. If you are receiving an outside scholarship, please attach a copy of the letter or send it directly to the Financial Aid office.

Section E Educational Purpose and Certification Statements/Permission to Share Information

I attest that the information in this application and all submitted supporting documentation is true and complete to the best of my knowledge at this time and that I will send Colby-Sawyer College immediate notice of any changes including changes in my family income or assets, or college plans of other family members as reported on the application for financial aid. I know that I am required to notify Colby-Sawyer College if I receive other scholarships or grants not reported on my financial aid award.

I affirm that I will be attending Colby-Sawyer College on at least a half-time basis and that I must maintain satisfactory academic progress in the course of study I am pursuing according to the standards and practices of Colby-Sawyer College.

In addition, I/we understand the Office of Financial Aid at Colby-Sawyer College may have to discuss my tax return or other personal information with child/parent/spouse or other college officials in order to clarify his/her eligibility for financial aid. I/we authorize them to do so.

Student's Signature _____

Date _____

Parent's Signature _____

Date _____

*Submit this application with all attached documentation to:
Colby-Sawyer College, Office of Financial Aid
541 Main Street • New London, NH 03257 • Fax: 603-526-3452*



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