



2018 - 2019

Bennett College Financial Aid Institutional Application

June 1: Institutional Deadline

RETURN TO:
Office of Financial Aid
Bennett College
900 E. Washington St.
Greensboro, NC 27401
1-888-370-8678-phone
336-517-2204-fax
financial_aid@bennett.edu

Please type or print with black or blue ink

Student Status (check one)

- Entering (First Time Freshman)
- Continuing Student
- Transfer Student
- Re-admitted Student

I will Reside (check one)

- On Campus
- Off Campus
- With Parents

Aid Request For (check one)

- Fall & Spring Semester
- Fall Semester Only
- Spring Semester Only

PERSONAL INFORMATION

Social Security Number _____ / _____ / _____

Last Name _____ First Name _____ Middle Name _____

Permanent Street Address / City / State / Zip Code _____ Cellular Telephone Number _____

Area Code & Telephone Number _____ Birth Date _____ Driver's License Number _____

Age _____ Sex _____ Marital Status _____

Citizen of the U.S. Permanent U.S. Resident International Alien Registration # _____

Anticipated Graduation Date from Bennett College _____ List Major or Intended Major _____

INTENDED ENROLLMENT LEVEL (check one)

Full-time [12+ hours] ¾ time [9-11 hours] ½ time [6-8 hours] Less than 6 hours

Employer Information

Employer Name _____ Employer Phone _____

Educational Information

Name of High School Attended _____ City & State _____ Years Attended _____

List below every college, university, technical or vocational school attended during or after high school. You should also list institutions attended during the summer term(s).

Name of Institution	City & State	From/To	Did you graduate?
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

ADDITIONAL INFORMATION (These Sections must be completed in full)

Please list three references. Only one may share the same address as the student.

Name	Name	Name
Address	Address	Address
Home Telephone	Home Telephone	Home Telephone
Work Telephone	Work Telephone	Work Telephone

Student Signature

Date

I certify that, to the best of my knowledge, the information contained in the statement above and on this application is accurate and complete.

FINANCIAL AID COMMENTS
