

## 2009-2010 Graduate Financial Aid Application

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All financial aid applicants interested in federal or state aid must complete and return this form, in addition to the FAFSA. If you are interested in applying for departmental grants and scholarships, you will need to submit a supplemental application available for download in the How to Apply section of the financial aid Web site at [www.lmu.edu/gradfinancialaid](http://www.lmu.edu/gradfinancialaid).

### PERSONAL INFORMATION:

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\_\_\_\_\_  
Last Name, First Name

\_\_\_\_\_  
Student ID#

\_\_\_\_\_  
E-mail address

(\_\_\_\_)\_\_\_\_\_  
Day Phone

(\_\_\_\_)\_\_\_\_\_  
Evening Phone

\_\_\_\_\_  
Expected Graduation Date

\_\_\_\_\_  
Country of Citizenship

### PLEASE INDICATE YOUR PROGRAM LEVEL:

- DOCTORAL
- MASTER'S (Must enroll in at least 3 units to be eligible for Federal & State Aid)
- CREDENTIAL ONLY (Must enroll in at least 6 units to be eligible for Federal & State Aid)
- NON-DEGREE AND EXTENSION (Not eligible for Federal & State Aid)

### ENROLLMENT INFORMATION:

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Fill in the space below with the number of units that you plan to enroll. If you make changes to this enrollment you must notify the Financial Aid Office, as changes to your in enrollment may result in a change to your financial aid award.

FALL 2009 \_\_\_\_\_ SPRING 2010 \_\_\_\_\_ SUMMER I 2010 \_\_\_\_\_ SUMMER II 2010 \_\_\_\_\_

**ELIGIBILITY INFORMATION:**

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Yes  No **Did you or will you complete a FAFSA for 2009-2010?**

If, yes date filed: \_\_\_\_\_

Yes  No **Will you receive tuition remission as an LMU employee or dependent in 2009-2010?**

If yes, provide the name of the employee: \_\_\_\_\_

Yes  No **Will you receive tuition reimbursement from any source (Americorps, employer, military, outside scholarships, or other funds) for your education during the 2009-2010 academic year?**

If yes, list source and amount.

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Name of Source	Type of Funding	Amount
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Name of Source	Type of Funding	Amount
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Name of Source	Type of Funding	Amount
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**CERTIFICATION:**

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- I certify that the information provided on this application is true and complete to the best of my knowledge.
- I understand that I am responsible for completing my financial aid application in a timely manner.
- I understand that I must also complete any additional requirements (including, master promissory notes and entrance/exit loan counseling) required to secure funding offered in response to my aid application. I understand that failure to do so could affect the types and/or amounts of financial aid I may be awarded.
- I agree to provide any documentation requested to clarify or verify my application for financial aid.
- I agree to notify the Financial Aid Office at Loyola Marymount University of any changes to my enrollment plans, any external/private scholarship(s), or any employer-paid educational benefits I may receive after the submission of this application.
- My signature also gives LMU permission to share my financial aid information that I have submitted or any information that was used to determine eligibility with scholarship donors, foundations, third-party grant providers, student loan lenders, Federal and State agencies, such as the U.S. Department of Education and the California Student Aid Commission, and LMU faculty and/or staff, for the purposes of obtaining additional financial aid or in regards to financial aid received.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

**Return to: Financial Aid Office, Loyola Marymount University  
One LMU Drive, Xavier Hall, Suite 200, Los Angeles, CA 90045  
Phone (310)338-2753 Fax (310) 338-2793 E-mail [finaid@lmu.edu](mailto:finaid@lmu.edu)**