

## 2007-2008 Graduate Financial Aid Application

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All financial aid applicants must complete and return this form (including School of Education specialized program participants). 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 website at [www.lmu.edu/financialaid](http://www.lmu.edu/financialaid).

### 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 enrollment may result in a change to your financial aid award.

FALL 2007 \_\_\_\_\_ SPRING 2008 \_\_\_\_\_ SUMMER I 2008 \_\_\_\_\_ SUMMER II 2008 \_\_\_\_\_

**ELIGIBILITY INFORMATION:**

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Yes  No **Did you or will you complete a FAFSA for 2007-2008?**

If, yes Date filed: \_\_\_\_\_

Yes  No **Will you receive tuition remission as an LMU employee or dependent in 2007-2008?**

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 2007-2008 academic year? If yes, list source and 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. Further, 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 also 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.

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**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)**