

Instructions: This application is only for students in Bethel's College of Adult & Professional Studies.

All students applying for financial aid must complete and submit the application to the Office of Financial Aid. You can also complete the application online at caps.bethel.edu/financial-aid/apply.

Part 1. Student Information

Name _____
First Middle Last

Bethel ID# _____ Social Security # _____-_____-_____ Date of birth (mm/dd/yyyy) _____

Home Address _____
Street

_____ City State Zip Nation (if not USA)

Personal Information

Email address _____

Home phone (_____) _____ Cell phone (_____) _____

Gender: Male Female

Marital Status

Marital Status: Single Married or Remarried Divorced or Separated Widowed

Date you were married, separated, divorced, or widowed (mm/dd/yyyy) _____

If married, please provide your previous name (if your name changed) _____

Spouse's name _____

Academic Information

Intended degree at Bethel: Bachelor's Degree (B.A./B.S.) Associate's Degree (A.A.) Certificate Licensure only Non-degree seeking (only random courses)

Intended major _____ Anticipated completion/graduation date (mm/yyyy) _____

Cohort _____

How many credits do you plan to take each term? (refer to your cohort calendar to be as accurate as possible.)

Fall 2011 _____ Spring 2012 _____ Summer 2012 _____

At the beginning of the fall 2011 semester, how many credits will you have earned?

- Less than 30 credits (Freshman) 30-59 credits (Sophomore) 60-89 credits (Junior)
 90+ credits (Senior) Postbaccalaureate

(Note: Postbaccalaureate means that you have completed all the course requirements for at least one bachelor's degree.)

If you have already earned your first bachelor's degree, tell us when, where, and what type of degree you earned.

When? _____ Where? Bethel Other _____

Type: B.A. B.S. Other _____

Part 2. Resources

Please indicate the source and amount of any funding you will receive for the 2011-2012 academic year. If you are unsure of the amounts at this time or if you later receive additional funds, notify the financial aid office when you know these amounts.

Bethel University Tuition Benefit

Are you eligible for the Bethel University Tuition Benefit? (Bethel employees and their spouses) Yes No

If yes, Bethel employee name: _____ Employee ID# _____

(Non-Bethel) Employer Tuition Benefit

Employer _____ Amount for 2011-2012: \$ _____

Church Scholarship

Scholarship source or name _____ Amount for 2011-2012: \$ _____

Other Private Grants and Scholarships

Do NOT include Bethel grants and scholarships. If you need additional space for more private grants or scholarships, please include them in *Part 7. Additional Comments* at the end of this form.

Scholarship source or name _____ Amount for 2011-2012: \$ _____

Scholarship source or name _____ Amount for 2011-2012: \$ _____

Military Benefits

Will you receive military benefits in 2011-2012? Yes No

Part 3. FAFSA

Do you want to apply for educational loans? (*answer required*) Yes/Maybe No

Do you want to apply for need-based grants, such as the Bethel Grant? (*answer required*) Yes No

- Answering “Yes” to either question allows us to consider you for all types of financial aid. In addition, you **must** complete the Free Application for Federal Student Aid (FAFSA) online at www.fafsa.gov as soon as your 2010 federal income taxes are completed. (Bethel’s FAFSA code is 002338.)

If you will complete the Free Application for Federal Student Aid (FAFSA), continue with Parts 5 and 6.

If you will not complete the FAFSA, skip to Part 7.

Part 4. Minnesota Residency Information

If you will not complete the FAFSA, you will not be eligible for the Minnesota State Grant and therefore may skip to Part 7.

The following questions are used to determine Minnesota residency.

Did you live in Minnesota when you graduated from high school? Yes. *You may skip to Part 6.* No. *Please answer the next question.*

Did you live in MN at any time prior to enrolling at Bethel University?

Yes. *Please continue with the following questions.* No. *You may skip to Part 6.*

When did you most recently move to Minnesota? (month/year) _____

After high school, did you reside in Minnesota for 12 consecutive months before enrolling for six or more credits per term at a Minnesota postsecondary school? Yes No

Did you earn a GED in Minnesota after living in Minnesota for at least one year? Yes No

If yes, when did you earn your GED? (month/year) _____

Are you, your spouse, or one of your dependents an active member of the United States armed forces stationed in Minnesota? Yes No

Are you a refugee who has resided in Minnesota since your arrival in the United States? Yes No

If yes, what country? _____

Have you relocated from a presidential disaster area within the last year? Yes No If yes, what state? _____

—continued on next page

Part 5. Prior Institutions Attended

List all post-high school institutions you have attended, even if you did not receive aid or credit. Check the PSEO (Postsecondary Enrollment Options) box if you took this course work while still enrolled in high school. List in order attended.

School/City/State	PSEO	Dates Attended	Degree Received
	<input type="checkbox"/>	to	
	<input type="checkbox"/>	to	
	<input type="checkbox"/>	to	
	<input type="checkbox"/>	to	

By July 1, 2011, will you have attended at least three years of education beyond high school (don't include PSEO)? Yes No

Part 6. Additional Comments

Optional. Feel free to provide any additional information that will help the financial aid office process your application. Students who completed a FAFSA may also want to submit the Financial Aid Appeal Form, available at caps.bethel.edu/financial-aid/apply/special-circumstances to document unusual, nondiscretionary expenses and/or significant reductions to income for 2011 (as compared with 2010).

Part 7. Authorization and Signature

All students must complete.

I authorize the financial aid office to:

- discuss financial information with my spouse (married students only);
- use federal financial aid to pay charges to my student account; and
- discuss financial aid information with donors who are funding my scholarships.

If you do not agree with the above authorizations, please note any exceptions here. _____

My signature below indicates that all the information reported is true and complete.

Signature _____ Date ____/____/____

Return this completed form to:

BETHEL
UNIVERSITY

Office of Financial Aid

3900 Bethel Drive • St. Paul, MN 55112-6999
651.638.6241 • 800.255.8706, ext. 6241 • fax: 651.635.1491

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