



William Peace University School of Professional Studies
2018-2019 FINANCIAL AID REQUEST FORM

Please complete and return this form to:

**William Peace University
Office of Financial Aid
15 East Peace Street
Raleigh, NC 27604
Fax: (919) 508-2325**

This form must be completed entirely before the Office of Financial Aid can calculate an accurate awards package for the 2018-2019 academic year.

Student Name _____ Student ID # _____

Street Address _____

City _____ State _____ Zip Code _____

Email Address _____

Financial Aid Status - Complete this section to determine your status with the Office of Financial Aid .

Check the appropriate box:

Yes, I will apply for Financial Aid at William Peace University during the 2018-2019 academic year.

If yes, how **many credit hours** will you attempt to take:

Fall Semester _____ Spring Semester _____ Summer Semester _____

Do you plan/have you completed the Free Application for Federal Student Aid (FAFSA)? ____ Yes ____ No

No, I will **NOT** be applying for Financial Aid during the 2018-2019 academic year

• **Please choose one of the following:**

_____ Degree Seeking Student (1st Bachelor's Degree) _____ Degree Seeking Student (2nd Bachelor's Degree) _____ Non-degree/Licensure/Visiting Student

My signature certifies and confirms that I have read and understand all instructions and that I have provided accurate, complete and current information. If I deviate from the above credit hours or decide not to attend I understand that I must notify the Office of Financial Aid. I understand that if I do not notify the Office of Financial Aid I could be at risk or losing financial funding.

Student Signature _____ Date _____