



William Peace University School of Professional Studies
2019-2020 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 2019-2020 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 2019-2020 academic year.

If yes, how many credit hours will you attempt to take during each semester below:

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 2019-2020 academic year

Please choose one of the following:

\_\_\_\_\_ Degree Seeking Student (1st Bachelor's Degree)
\_\_\_\_\_ Degree Seeking Student (2nd Bachelor's Degree)
\_\_\_\_\_ Non-degree /Visiting Student
\_\_\_\_\_ Teacher Licensure Program
\_\_\_\_\_ RN/BSN Program

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 \_\_\_\_\_