

**NEW STUDENT MUHLENBERG COLLEGE  
APPLICATION FOR FINANCIAL AID, 2009-10**

Return this form to Muhlenberg College no later than February 15, 2009

**Personal Information:**

NAME \_\_\_\_\_ SOCIAL SECURITY #: \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_ HOME TELEPHONE (\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
City State Zip

Student's Cell Phone (\_\_\_\_) \_\_\_\_\_

Student's home e-mail address \_\_\_\_\_

I plan to \_\_\_\_\_ Commute \_\_\_\_\_ Live on Campus

**Supplemental Financial Information:**

Identify, with amount, any private scholarships or loans that you expect to receive for the coming academic year, including benefits from your parents' employers. Do not include funds from Muhlenberg, federal or state grant of loan programs.

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

Are there any educational pre-paid plans (TAP, 529's, Educational IRA's, etc.) that you (the student) will benefit from?  
Yes \_\_\_ No \_\_\_ If yes, what is the value of those plans? \$ \_\_\_\_\_

Will your parent(s) show on their 2008 federal 1040 a rollover of an IRA or pension? Yes \_\_\_ No \_\_\_  
If yes, how much (approximately)? \$ \_\_\_\_\_

In 2008, did your parent(s) cash in any savings bonds? \_\_\_ Yes \_\_\_ No If yes, what was the face value of these bonds? \$ \_\_\_\_\_  
In 2008, did you (the student) cash in any savings bonds? \_\_\_ Yes \_\_\_ No If yes, what was the face value of these bonds? \$ \_\_\_\_\_

Please check below if you are:

- |   |   |
|---|---|
| <input type="checkbox"/> pre-med  | <input type="checkbox"/> a member of St. Mark's Lutheran Church, Mechanicsburg PA   |
| <input type="checkbox"/> pre-law  | <input type="checkbox"/> a member of St. Peter's Lutheran Church, Bethlehem PA  |
| <input type="checkbox"/> pre-theological  | <input type="checkbox"/> a member of a Lutheran Church in Kutztown PA   |
| <input type="checkbox"/> adopted, orphaned or a foster child  | <input type="checkbox"/> a member of Salem Evangelical Lutheran Church, Lebanon PA  |
| <input type="checkbox"/> Lutheran   | <input type="checkbox"/> a member of Christ's Lutheran Church of Lower Tinticum, Bucks County PA  |
| <input type="checkbox"/> a member of a Lutheran Church  | <input type="checkbox"/> an active member of the United Church of Christ  |
| <input type="checkbox"/> preparing for elementary education   | <input type="checkbox"/> a dependent of a Lutheran pastor or a pastor of another denomination with whom the Lutheran Church shares full communion |
| <input type="checkbox"/> preparing for Lutheran ministry  |   |
| <input type="checkbox"/> of Swedish descent (If you have not done so already, please send copies of birth certificates, death certificates or other official papers to verify descent). |   |

Check each category that applies to your family situation:

\_\_\_ Parents Married      \_\_\_ Parents Separated      \_\_\_ Parents Divorced      \_\_\_ Single Parent  
\_\_\_ Father Remarried      \_\_\_ Father Deceased      \_\_\_ Mother Remarried      \_\_\_ Mother Deceased

**For Students with Divorced or Separated Parents**

With which parent did you live the longest during the past calendar year?

Father: \_\_\_ Mother: \_\_\_\_. This is your custodial parent.

If your parents are divorced/separated, information must be provided by each parent. The Financial Aid PROFILE form and FAFSA must be completed by the custodial parent and stepparent, if remarried. The non-custodial parent must complete the Non-Custodial Parent Profile form online at [www.collegeboard.com](http://www.collegeboard.com)

I authorize the College to discuss my (the student) information with my non-custodial parent \_\_\_yes \_\_\_no

If your parents are separated or divorced, the amount of money you expect your non-custodial parent to contribute (including funds for education): \$ \_\_\_\_\_

**If you have other family financial information or extenuating circumstances that you feel should be explained further, please attach a separate sheet of paper. Be sure to include the student's name and social security number on additional documents.**

I authorize the Office of Financial Aid to discuss my information (financial aid, billing, academic progress) with me (the student) over the phone or via e-mail. I also authorize the Office of Financial Aid to discuss my information (financial aid, billing, academic progress) in person, over the phone or via e-mail with my custodial parent(s)/stepparents. \_\_\_yes \_\_\_no

Mother's Name \_\_\_\_\_ Father's Name \_\_\_\_\_

In addition, I authorize the Office of Financial Aid to discuss my information (financial aid, billing, academic progress) over the phone or via e-mail with \_\_\_\_\_

name of person                      relationship

I have reviewed the information reported herein and affirm its accuracy and completeness. I agree to abide by the "Regulations Governing Aid" listed in the College catalog. I promise to notify the Director of Financial Aid in writing of any changes, which may occur with items elicited on this application, the PROFILE Form and the Free Application for Federal Student Aid. I authorize the Office of Financial Aid to report on my academic progress and extracurricular activities to outside agencies and donors of scholarship funds from which I may receive aid, and to publicize my selection for these scholarships.

I understand that a financial aid award will not be complete until all additional paperwork requested by the Office of Financial Aid has been received. I understand that the award I receive is a **one time only award** for the 2009-2010 academic year and that I must reapply each year by the stated deadlines for need-based financial aid. Awards are subject to change each year. For example, changes may be caused by, but are not limited to, changes in the family's financial information, changes in the needs analysis formula, other family members enrollment in school, changes in the student's enrollment or housing status, and the Federal Government Allocations. I understand that the College reserves the right to modify award amounts in view of changes in the student's academic status or the student's standing within the Social Judicial System.

Signature of Student: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent: \_\_\_\_\_ Date: \_\_\_\_\_

If you have any questions, please contact the Office of Financial Aid, Muhlenberg College, 2400 Chew Street, Allentown PA 18104. Our phone number is 484-664-3175. Our e-mail address is [finaid@muhlenberg.edu](mailto:finaid@muhlenberg.edu)