MUHLENBERG COLLEGE
APPLICATION FOR FINANCIAL AID 2014-2015

Return this form to Muhlenberg College no later than April 15, 2014. Merit and/or Federal Student Loan Applicants complete ONLY Sections A and C.

SECTION A: Personal Information (ALL Applicants)

NAME________________________________________ SOCIAL SECURITY #:__________________

HOME ADDRESS_____________________________________ TELEPHONE (_____)___________________

____________________________________________________________________________________
City              State                                  Zip     COUNTY
SUMMER ADDRESS (If different than home address) ________________________________________________________
____________________________________________________________________________________
Student’s Cell Phone (___)___________________________ Muhlenberg ID # ____________________
Student’s most used e-mail address__________________________________________________________________
I plan to _____Commute   ___ Live on Campus  ___ Live off Campus  ___ Live in a fraternity/sorority

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.

______________________________________________ $__________________________
______________________________________________ $__________________________

SECTION B: (Need-based aid applicants only)

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 2013 Federal 1040 a rollover of an IRA or pension?  Yes____ No____
If yes, how much (approximately)?  $_________________
In 2013, did your parent(s) cash in any savings bonds? ___Yes  ___No  If yes, what was the face value of these bonds?$_____
In 2013, 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:
____pre-med          ____pre-theoretical
____pre-law          ____plan on going to graduate school
____adopted, orphaned or a foster child          ____a member of St. Mark’s Lutheran Church, Mechanicsburg PA
____Lutheran          ____a member of St. Peter’s Lutheran Church, Bethlehem PA
____a member of a Lutheran Church          ____a member of a Lutheran Church in Kutztown PA
____pursuing a teaching career          ____a member of Salem Evangelical Lutheran Church, Lebanon PA
____preparing for elementary education          ____a member of Christ’s Lutheran Church of Lower Tинicum, Bucks County PA
____preparing for Lutheran ministry          ____an active member of the United Church of Christ
____Greek descent          ____dependent of a Lutheran pastor or a pastor of another
____Arab descent          ____denomination with whom the Lutheran Church shares full communion of Swedish descent (If you have not done so already, please send copies
____significant involvement with community service          ____dependent of a Veteran
____dependent of a Veteran
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): $__________________________

**SECTION C: AUTHORIZATION (ALL Applicants)**

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, via the Online Financial Aid System 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, via the Online Financial Aid System or via e-mail with my custodial parent(s)/stepparents. ___yes ___no

Mother’s Name___________________________          Father’s Name___________________________

Parent E-mail address__________________________________________________________________

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

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<th>name of person</th>
<th>relationship</th>
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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 2014-2015 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