

**2010-2011 FINANCIAL AID Demographic Information**

Applicants for Financial Aid must provide the following information. Once you have completed this form, submit to the Financial Aid Office. Incomplete forms will be returned to you, delaying the processing of your aid award.

**SECTION A: STUDENT INFORMATION**

PRINT FULL LEGAL NAME \_\_\_\_\_ SOC SEC NO \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

LOCAL STREET ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ DRIVERS LICENSE NO \_\_\_\_\_

LOCAL PHONE \_\_\_\_\_ ALTERNATE / CELL PHONE \_\_\_\_\_ CONTACT PERSON \_\_\_\_\_ CONTACT PERSON PHONE \_\_\_\_\_

**SECTION B: 2010-2011 ENROLLMENT INFORMATION**

Do you plan to relocate while attending school? Yes \_\_\_\_\_ No \_\_\_\_\_

**SECTION C: NOTICE OF ADDITIONAL FUNDING**

Please provide the information for all of the sources of funding you will be receiving during the 2010-2011 academic school year.

1. Check either "YES" or "NO" for each source.
2. If you check "YES" for any source, list the total amount you will receive the for 2010-2011 academic year in the box provided.
3. If you check "YES" for Scholarship and/or Organization, list the name of the scholarship/organization.

SOURCE	YES	NO	AMOUNT
<b>Scholarship</b>			XXXXXXXXXX
Name:			\$
Name:			\$
<b>Organization</b>			XXXXXXXXXX
Name:			\$
Name:			\$
<b>Veterans Benefits</b>			XXXXXXXXXX
Number of Months:			\$ per month
<b>Employer Tuition Reimbursement</b>			\$
<b>Tuition Assistance for Displaced Workers</b>			\$
<b>AmeriCorp</b>			\$
<b>Other</b>			XXXXXXXXXX
Name:			\$

**\*\* Please indicate which program you are planning to attend:**

Fall 30 week \_\_\_\_\_ Fall 9 month MKE \_\_\_\_\_ Fall 52 week Evenings \_\_\_\_\_

Fall 9 month Wauk \_\_\_\_\_ Winter 30 week \_\_\_\_\_ Assoc. Degree \_\_\_\_\_

**LAKESIDE SCHOOL OF MASSAGE THERAPY**

**PLEASE COMPLETE YOUR REFERENCE INFORMATION—**

To be able to complete your Financial Aid process, three separate references are required. One of the references may be a parent/guardian, even if you and your parent/guardian share the same address. The other two references can be family members, but they must have different addresses than yours, your parent(s) and each other.

Student Name \_\_\_\_\_

Social Security Number \_\_\_\_\_

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**PARENT, GUARDIAN, OR CLOSEST LIVING RELATIVE IF PARENTS ARE DECEASED**

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Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Apt. Number \_\_\_\_\_

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

Phone Number \_\_\_\_\_ Employer \_\_\_\_\_

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**RELATIVE NOT LIVING WITH STUDENT OR ANY OTHER REFERENCE**

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Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Apt. Number \_\_\_\_\_

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

Phone Number \_\_\_\_\_ Employer \_\_\_\_\_

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**RELATIVE NOT LIVING WITH STUDENT OR ANY OTHER REFERENCE**

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Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Apt. Number \_\_\_\_\_

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

Phone Number \_\_\_\_\_ Employer \_\_\_\_\_