

WOODBURY UNIVERSITY

FINANCIAL AID INFORMATION REQUEST FORM 2016-2017 ACADEMIC YEAR

I. STUDENT INFORMATION:

Student Name

_____/_____/_____
Social Security #

Date of Birth

(____)_____
Home Phone

(____)_____
Cell/College Phone

Driver's License #/State

PERMANENT Address - Street

City

State

Zip

E-MAIL Address

INDICATE WHERE YOU PLAN TO RESIDE DURING THE 2016-2017 ACADEMIC YEAR:

On Campus Housing

With Parents/Guardians

Off Campus

Address (Include City and Zip Code)

INDICATE THE NUMBER OF UNITS YOU INTEND TO TAKE EACH SEMESTER:

Fall '16 _____

Spring '17 _____

Summer '17 _____

(Minimum units per semester for Financial Aid eligibility: Undergraduate, 6 units; Graduates, 3 units.)

Will you receive tuition reimbursement or tuition remission from an employer? Yes No

If yes, what amount or percentage (per semester) % _____ or \$ _____

II. REFERENCES

To be completed by all students. The people you list may be contacted and should know where to reach you at all times. Please include at least one relative.

Name

Phone#

Employer

Title/Occupation

Street

City

State

Zip

Mother/Step-mother

Father/Step-father

Legal Guardian

Other Relative

Name

Phone#

Employer

Title/Occupation

Street

City

State

Zip

Mother/Step-mother

Father/Step-father

Legal Guardian

Other Relative

I certify that the information provided is true and complete to the best of my knowledge. If asked, I agree to give proof that the information is correct.

STUDENT SIGNATURE

DATE SIGNED

RETURN TO: WOODBURY UNIVERSITY, FINANCIAL AID OFFICE, 7500 GLENOAKS BLVD. BURBANK, CA 91504

