

# WOODBURY UNIVERSITY

## FINANCIAL AID INFORMATION REQUEST FORM 2017-2018 ACADEMIC YEAR

### 1. 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 2017-2018 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 '17 \_\_\_\_\_ Spring '18 \_\_\_\_\_ Summer '18 \_\_\_\_\_

(Minimum units per semester for Financial Aid eligibility is **6 units for Undergraduate Students & 3 units for Graduate Students**)

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

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

### 2. 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
<input type="checkbox"/> Mother/Step-mother	<input type="checkbox"/> Father/Step-father	<input type="checkbox"/> Legal Guardian	<input type="checkbox"/> Other Relative
_____	_____	_____	_____
Name	Phone#	Employer	Title/Occupation
_____	_____	_____	_____
Street	City	State	Zip
<input type="checkbox"/> Mother/Step-mother	<input type="checkbox"/> Father/Step-father	<input type="checkbox"/> Legal Guardian	<input type="checkbox"/> 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

EMAIL: [FinAid@Woodbury.edu](mailto:FinAid@Woodbury.edu) ♦ FAX: (818)767-4816

