

INSTRUCTIONS:  
Answer every item, indicating those which do not apply to you as (NA). No application will be considered unless all questions are answered and all pertinent facts are disclosed.  
PLEASE PRINT



RETURN TO:  
Mercer University  
Office of Student Financial Planning  
3001 Mercer University Drive  
Atlanta, Georgia 30341-4155  
(678) 547-6444  
Fax (678) 547-6433

**2009-2010**  
**Application for Financial Assistance**  
[atlanta.merceraid.com](http://atlanta.merceraid.com)

Name: \_\_\_\_\_  
Last First Middle Name Generally Called (Maiden Name if Applicable)

Social Security #: \_\_\_\_\_ Mercer ID #: \_\_\_\_\_ Email: \_\_\_\_\_

**Term(s) for which you are requesting financial assistance:**

Number of hours you plan to enroll each term: \_\_\_\_\_ Fall \_\_\_\_\_ Spring

Applying for assistance at Mercer as:

\_\_\_\_\_ Doctor of Pharmacy -- Year level: \_\_\_ 1<sup>st</sup> \_\_\_ 2<sup>nd</sup> \_\_\_ 3<sup>rd</sup> \_\_\_ 4<sup>th</sup> \_\_\_ PhD

\_\_\_\_\_ Master of Business Administration / Executive MBA / Professional MBA

\_\_\_\_\_ Master of Divinity \_\_\_\_\_ Doctor of Ministry

\_\_\_\_\_ Master of Education / Education Specialist / MAT / PhD

\_\_\_\_\_ Master of Science (specify): \_\_\_\_\_

\_\_\_\_\_ Teacher Certification

\_\_\_\_\_ Undergraduate Business -- Year level: \_\_\_ Fresh. \_\_\_ Soph. \_\_\_ Jr. \_\_\_ Sr.

\_\_\_\_\_ College of Nursing: \_\_\_ BSN \_\_\_ MSN \_\_\_ PhD

\_\_\_\_\_ Physician Assistant

\_\_\_\_\_ Other (specify): \_\_\_\_\_

It is assumed that all students will accept grants and scholarships. If given a choice, what other type(s) of aid would you prefer?  Loan  Work  Both Loan and Work  Neither

**PERSONAL DATA:**

Permanent Address: \_\_\_\_\_

Street Address

City

State

County

Zip Code

How Long at this address? \_\_\_\_\_

Home Phone # \_\_\_\_\_

(Area Code)

Georgia Resident? \_\_\_\_\_ Since what date? \_\_\_\_\_

Where do you plan to reside while attending Mercer?

on campus  in apartment  with parents/relatives  own home

Local Address: \_\_\_\_\_

Street Address

City

State

Zip Code

Local Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

(Area Code)

(Area Code)

Student Occupation/Employer: \_\_\_\_\_

Work Phone #: \_\_\_\_\_  
(Area Code)

Are you a United States Citizen?  Yes  No

Since what date? \_\_\_\_\_

If no, are you a Permanent Resident of the United States?  Yes  No

Since what date? \_\_\_\_\_

Enclose a **copy of form I-551** (Permanent Resident Card) if you are a Permanent Resident, but not a United States citizen.

Will you have a degree before July 1, 2009?  Yes  No If yes, what type? \_\_\_\_\_

Estimated date of graduation from Mercer: \_\_\_\_\_

**EDUCATIONAL HISTORY:**

**List all colleges, technical schools, and post-secondary institutions which you have attended including Summer terms:**

Name of college	City	State	From	To	Degree Rec'd	Financial Aid Rec'd
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No

**For consideration of awards from certain restricted scholarship funds:**

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Sex:  Male  Female  
Divorced

Marital Status:  Single  Married  Separated

Are you a Christian?  Yes  No

Member of what church? \_\_\_\_\_

Denomination: \_\_\_\_\_ Pastor's Name: \_\_\_\_\_

Do you allow Mercer to release your financial and scholastic information if requested by donors of certain restricted funds?  Yes  No

Are either of your parents employed by Mercer?  Yes  No If yes, which department? \_\_\_\_\_

List members of your immediate family presently enrolled at Mercer: \_\_\_\_\_

Will you receive any tuition reimbursement from your employer?  Yes  No

If yes, list amount per term: \_\_\_\_\_

List source and amount of all scholarships you expect to receive from outside sources: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**HOUSEHOLD INFORMATION:**

Father or Guardian: Full name: \_\_\_\_\_

Address: \_\_\_\_\_

Occupation/Employer: \_\_\_\_\_ Work Telephone #: \_\_\_\_\_

Mother or Guardian: Full name: \_\_\_\_\_

Address: \_\_\_\_\_

Occupation/Employer: \_\_\_\_\_ Work Telephone #: \_\_\_\_\_

Spouse: Full name: \_\_\_\_\_

Address: \_\_\_\_\_

Occupation/Employer: \_\_\_\_\_ Work Telephone #: \_\_\_\_\_

**CAMPUS EMPLOYMENT:**

Would you accept a job on campus?  Yes  No

If awarded a job on campus, what type of job do you prefer? \_\_\_\_\_

List any special skills (i.e., typing): \_\_\_\_\_

Do you have any physical limitations? \_\_\_\_\_

**STUDENT CERTIFICATION and STATEMENT OF EDUCATIONAL PURPOSE/REGISTRATION COMPLIANCE**

I certify that I have read the University's policy on Financial Aid as stated in the University Catalog. I am also aware of the University's policy on satisfactory academic progress.

I certify that I am not in default on any Federal Title IV loan (GSL, PLUS/ALAS, NDSL) or owe an overpayment/refund on any Federal Title IV grant (Pell, SEOG, SSIG) received for my attendance at any institution.

Have you ever defaulted on a student loan?  Yes  No

I certify that I will use the money I receive under the Federally Assisted Loans, Grants, or Work-Study Programs only for expenses related to my study at Mercer University; and:

- I certify that I am registered with the Selective Service.
- I certify that I am not required to be registered with Selective Service because:
  - I am a female.
  - I am in the armed services on active duty. (Note: Does not apply to members of the Reserves and National Guard who are not considered on active duty.)
  - I have not reached my 18<sup>th</sup> birthday.
  - I was born before 1960.
  - I am a noncitizen who first entered the U.S. after I turned 26. Date entered: \_\_\_\_\_
  - I am a permanent resident of the Federal States of Micronesia, the Marshall Islands, or the Republic of Palau.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

**FINANCIAL AID CHECKLIST:**

I have:

- Applied for admission to Mercer. Approximate date: \_\_\_\_\_
- Completed my FAFSA at [www.fafsa.ed.gov](http://www.fafsa.ed.gov). Date transmitted: \_\_\_\_\_  
**Mercer's Federal School Code is 001580** (all campuses).
- Completed a Tuition Equalization Grant and HOPE applications online at [www.gacollege411.org](http://www.gacollege411.org).  
Only undergraduate and pharmacy **Georgia residents** may be eligible.
- Received HOPE Scholarship at a previous institution and anticipate continued eligibility.

To receive full consideration for Financial Assistance, applications must be received in the Office of Student Financial Planning NO LATER THAN MAY 1 for the following academic year. Any requests received after that date will be considered if funds are available.

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**SPECIAL CIRCUMSTANCES:**

Explain any special personal or family circumstances affecting your need for financial assistance:  
(Please print clearly. Attach additional sheets if necessary.)

Additional forms and links available at [atlanta.merceraid.com](http://atlanta.merceraid.com)

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I certify that all the information supplied on this application is true and correct to the best of my knowledge.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date