

**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 30341-4115  
 (678) 547-6444  
 Fax (678) 547-6433

**2011-2012  
 Application for Financial Assistance**

<http://atlanta.merceraid.com/>

School Code : 001580

**PRIORITY DUE DATE: May 1, 2011**

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

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

Telephone Number: \_\_\_\_\_

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

Number of hours you plan to enroll each term: \_\_\_\_\_ Fall '11 \_\_\_\_\_ Spring '12 \_\_\_\_\_ Summer '12

Program/Degree \_\_\_\_\_

Please list all expected "outside" resources, including tuition reimbursement, scholarships, grants, fellowships, tuition benefits, veteran's benefits, or any other financial resources. Under Federal law and university policy, Mercer must consider your outside resources when deciding what other aid you may be eligible to receive.

Source	Amount per term	Term(s)	Comment(s)
_____	_____	<input type="checkbox"/> F <input type="checkbox"/> Spg <input type="checkbox"/> Sum	_____
_____	_____	<input type="checkbox"/> F <input type="checkbox"/> Spg <input type="checkbox"/> Sum	_____
_____	_____	<input type="checkbox"/> F <input type="checkbox"/> Spg <input type="checkbox"/> Sum	_____
_____	_____	<input type="checkbox"/> F <input type="checkbox"/> Spg <input type="checkbox"/> Sum	_____
_____	_____	<input type="checkbox"/> F <input type="checkbox"/> Spg <input type="checkbox"/> Sum	_____

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

Are you United States Citizen?  Yes  No If yes, since what date? \_\_\_\_\_

Are you a Permanent Resident of the United States?  Yes  No If yes, since what date? \_\_\_\_\_

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

Are you a Georgia Resident?  Yes  No If yes, since what date? \_\_\_\_\_

Have you received the HOPE Scholarship and anticipate continued eligibility?  Yes  No

Have you completed/updated a Tuition Equalization Grant and HOPE applications online at [www.gacollege411.org](http://www.gacollege411.org).  Yes  No  
 Only undergraduate and pharmacy **Georgia residents** may be eligible.

Are you a Christian?  Yes  No If yes, what denomination? \_\_\_\_\_

List your present church membership? \_\_\_\_\_ Pastor's Name: \_\_\_\_\_

Have you completed a 2011-2012 FAFSA?  Yes  No Date submitted: \_\_\_\_\_

I certify that all the information supplied on this application is true and correct to the best of my knowledge. I understand that my request for financial aid will not be processed until all required forms are on file in the Office of Financial Planning.

Student's signature

Date