



FINANCIAL AID APPLICATION FOR ADMISSIONS

PERSONAL INFORMATION

Last Name:	First Name:	Middle Initial:
Street Address:		
City:	State:	Zip code:
Birth Date:	Gender:	Citizenship:
Phone No:	Email:	
Social Security No:		
As of today, you are: <input type="checkbox"/> Single <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Married		
Veteran (Active Duty in the United States) <input type="checkbox"/> Yes <input type="checkbox"/> No		
Are you a male ages 18-26 years old? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Are you registered for Selective Service? <input type="checkbox"/> Yes <input type="checkbox"/> No (If no, please contact SDGKU's financial aid office)		
Number of dependent children that you will support more than 50% between 7/1/2018 to 6/30/2019?		_____
Number of dependents that live with you and you now support and will continue to support more than 50% from 7/1/2018 to 6/30/2019?		_____

EDUCATIONAL DATA

Have you completed High School and possess a high school diploma or its equivalent? <input type="checkbox"/> Yes <input type="checkbox"/> No
Did you attend college and earn (Check all that apply): Diploma/Certificate <input type="checkbox"/> Associate Degree <input type="checkbox"/> Bachelor's degree <input type="checkbox"/> Master's Degree <input type="checkbox"/> Ph.D./ Doctorate <input type="checkbox"/>

RACE/ETHNICITY INFORMATION (Collected for enrollment statistics for the U.S. Department of Education - IPEDS)

<input type="checkbox"/> Hispanic <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> White (Not Hispanic)
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FAMILY CONTACT INFORMATION

	Father	Mother	Emergency Contact
Name			
Address			
Phone			
Email			

How did you hear about SDGKU? _____

Program of Interest (The following programs have been approved by the US Department of Education to offer Title IV federal financial aid for students):

Bachelor of Science in Global Management (BSGM) _____

Master of Science in International Management (MSIM) _____

I certify that all the information on this form is true and correct to the best of my knowledge. I authorize SDGKU to contact my family contacts above, as another means to reach me. I also understand that if requested, I must provide supporting documentation of the information reported.

Applicant Signature

Date