



**Jan Term 2020  
Financial Aid Application**

Name: \_\_\_\_\_

SUID #: \_\_\_\_\_

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

Phone #: \_\_\_\_\_

\_\_\_\_\_

Date: \_\_\_\_\_

- Once you have registered for Jan Term classes, you must submit this application to be awarded financial aid for the 2020 Jan Term. A completed 2019-2020 FAFSA must also be on file with Samford One Stop.
- **IMPORTANT: Funds may be cancelled and/or returned if you withdraw or do not attend Jan Term.** Cancellation of Jan Term aid may create a balance on your student account for which you will be responsible to cover. You must notify Student Financial Services if you drop or add hours at any time during Jan Term, Fall and Spring semesters.

**Answer each of the following:**

**1. Please select hours you are enrolled for each semester below (you must check one category for each term):**

<b>FALL 2019</b>	___ < 6 hours	___ 6 or more hours	___ other, explain _____		
<b>JAN TERM 2020</b>	___ 1 hour	___ 2 hours	___ 3 hours	___ 4 hours	___ 5 or 6 hours

**2. Where will you live during Jan Term 2020?**     On Campus     Off Campus     Off Campus with Parents

**3. Please select program enrolled for Jan Term 2020 (check one):**

\_\_\_ Undergraduate day program    \_\_\_ Graduate Education program    \_\_\_ Doctor of Ministry (D-Min) program

\_\_\_ Undergraduate evening program    \_\_\_ Studying Abroad, where? \_\_\_\_\_

**4. Will you receive or expect to receive funds for Jan Term 2020 from one or more of the following sources (check all that apply):**

\_\_\_ Athletics    \_\_\_ ETB    \_\_\_ Other/Outside Resource, please list name and amount \_\_\_\_\_

\*If you are eligible to use Samford's Employee Tuition Benefit, ETB, for the Jan Term, please complete the online application so your benefit can be processed: [https://samford.qualtrics.com/jfe/form/SV\\_6JNVqSqVBul6pSt](https://samford.qualtrics.com/jfe/form/SV_6JNVqSqVBul6pSt).

By signing below, I understand all of the information above and will be looking for changes to my account on Banner Self-Service.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please return your completed form *after you have registered to:*

Samford One Stop, 800 Lakeshore Drive, Birmingham, AL 35229 or fax to 205-726-2738 or [onestop@samford.edu](mailto:onestop@samford.edu).

**One Stop Advisor use only:**

Sch	\$ _____	Budget	_____
Sub	\$ _____	Unsub	\$ _____
Priv	\$ _____	Other	\$ _____
Plust	\$ _____	ETB	\$ _____
		Date	_____
		SFS Initials	_____