



# FINANCIAL AID APPLICATION

## UNDERGRADUATE

Print in ink or type. Complete all blanks.

Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_ Student ID # or Social Security # \_\_\_\_\_  
Maiden/Other last names \_\_\_\_\_ e-mail \_\_\_\_\_

**Permanent Address** \_\_\_\_\_ **HPU Address (if known)** \_\_\_\_\_  
PO Box/Street \_\_\_\_\_ PO Box/Street \_\_\_\_\_  
City \_\_\_\_\_ City \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
County \_\_\_\_\_ Phone \_\_\_\_\_ Local Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
\_\_\_\_\_ Male \_\_\_\_\_ Female Age \_\_\_\_\_ Date of Birth (mo/day/yr) \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Housing Plan at HPU: \_\_\_ On Campus \_\_\_ Off Campus \_\_\_ with Parent/Relative Place of Birth \_\_\_\_\_  
Ethnicity (optional): \_\_\_ Black/Non-Hispanic \_\_\_ White/Non-Hispanic \_\_\_ Hispanic \_\_\_ Asian or Pacific Islander \_\_\_ American Indian or Alaskan Native

### COLLEGE AND ACADEMIC RECORD

Classification: \_\_\_\_\_ Freshman (0-29 hrs) \_\_\_\_\_ Sophomore (30-59 hrs) \_\_\_\_\_ Junior (60-89 hrs) \_\_\_\_\_ Senior (90+ hrs)  
Anticipated graduation date (month/year): \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Major: \_\_\_\_\_  
What semester/year do you plan to begin at HPU? \_\_\_\_\_ Number of hours you plan to take: Fall \_\_\_\_\_ Spring \_\_\_\_\_  
Are you pursuing teacher certification?  YES  NO Do you have a degree audit/plan on file in the Registrar's Office?  YES  NO

**IF YOU DO NOT HAVE A COMPLETED DEGREE AUDIT/PLAN BY THE TIME YOU HAVE 60 HOURS, YOUR FINANCIAL AID MAY BE DELAYED.**

List all colleges, vocational/technical or proprietary schools in which you have officially enrolled, even those where no credit was earned. If you are a former student, list HPU. If additional space is needed, please attach a separate piece of paper.

College/University	City/State	Date first semester	Date last semester	Degree earned
College/University	City/State	Date first semester	Date last semester	Degree earned

### PARENT/GUARDIAN INFORMATION

If you are not married and are under the age of 24, please complete parent information below. Parental addresses may be left blank if BOTH are the same as your address above.  
 Father  Stepfather  Legal guardian  Mother  Stepmother  Legal guardian  
Name \_\_\_\_\_ Name \_\_\_\_\_  
Address \_\_\_\_\_ Address \_\_\_\_\_  
Work phone \_\_\_\_\_ Work phone \_\_\_\_\_  
Employer \_\_\_\_\_ # of years with \_\_\_\_\_ Employer \_\_\_\_\_ # of years with \_\_\_\_\_

### FINANCIAL AID AND SCHOLARSHIP INFORMATION

- Have you submitted the Free Application for Federal Student Aid (FAFSA)?  YES  NO Date submitted \_\_\_\_\_
- Do you plan to work while attending HPU?  YES  NO If yes, is this job confirmed?  YES  NO  on campus  off campus  
Where? \_\_\_\_\_ Approximate # or hours per week \_\_\_\_\_
- Will you receive assistance from the Veteran's Administration?  YES  NO
- Will you receive assistance from the Department of Rehabilitative Services?  YES  NO
- Do you plan to apply for  Baptist Ministerial Scholarship  Baptist Minister's Children Scholarship  
**APPLICATION FOR & APPROVAL OF THESE SCHOLARSHIPS MUST BE SECURED FROM THE DEAN OF THE SCHOOL OF CHRISTIAN STUDIES.**  
Are you currently serving in a local Southern Baptist church?  YES  NO If yes, name of church \_\_\_\_\_  
and area of service \_\_\_\_\_ Will you continue to serve during this next academic year?  YES  NO
- List any HPU departmental scholarships you will be receiving, such as Music, Drama, Match, etc.)  
**APPLICATION FOR DEPARTMENTAL SCHOLARSHIPS IS MADE DIRECTLY TO THE DEPARTMENT HEAD.**  
Scholarship: \_\_\_\_\_ Amount per semester: \_\_\_\_\_  
Scholarship: \_\_\_\_\_ Amount per semester: \_\_\_\_\_

7. List any scholarships you will be receiving not funded by HPU (from outside organizations, clubs, churches, etc.)  
**IF YOU RECEIVE SCHOLARSHIPS IN ADDITION TO THOSE LISTED ON THIS APPLICATION, YOU ARE REQUIRED TO REPORT THE AMOUNT TO THE FINANCIAL AID OFFICE. RECEIPT OF FURTHER SCHOLARSHIPS, GRANTS OR RESOURCES WILL NECESSITATE RE-EVALUATION OF YOUR FINANCIAL AID TO ASSURE THAT AN OVER-AWARD HAS NOT OCCURRED UNDER FEDERAL OR STATE GUIDELINES.**

Source: \_\_\_\_\_ Amount for academic year \_\_\_\_\_  
 Source: \_\_\_\_\_ Amount for academic year \_\_\_\_\_

8. If you have any family members who are currently attending HPU or who are HPU or Daniel Baker College alumni, complete the following and go to <http://www.hputx.edu/alumni/alumni-association-scholarship/> for information about the Alumni Scholarship.

Name _____	Name _____
HPU or DBC _____	HPU or DBC _____
Relationship _____	Relationship _____
Year of Graduation _____	Year of Graduation _____

**FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT (FERPA) OF 1974**

In accordance with the Family Educational Rights and Privacy Act, do you give the Office of Financial Aid permission to release information contained in your financial aid file/records and information regarding your student account to the parent/s who supplied (if applicable) information on your Free Application for Federal Student Aid (FAFSA)?  YES  NO  N/A

Please list any other individuals you give permission to release information to regarding your financial aid awards and your student account below:

Name _____	Relationship _____
Name _____	Relationship _____

\*\*\*\***Student's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**CERTIFICATIONS AND AUTHORIZATIONS**

**Certifications**

- I agree to repay any unearned portion of the federal financial aid funding that I received or that was paid on my behalf should I withdraw from classes prior to the 60% point of the term.
- I will not receive aid simultaneously from two separate colleges or universities for the same enrollment period.
- I understand that I must be making satisfactory progress as stated in the HPU catalog to participate in the federal & state programs of financial aid.
- I understand that I must use financial aid funds for expenses related to my attendance at Howard Payne University.
- I understand that any credit balance that results after payment of these charges will be issued by check within 14 days of the date that the credit balance occurs. I further understand that the overpayment check may be picked up in the Cashier's Office (Room 202 of the Packer Administration Building). The overpayment check must be picked up within 21 days of the date the check is written.
- The information provided on this form is true and correct to the best of my knowledge.

**State Residency**

- State the number of years you have lived in Texas \_\_\_\_\_.
- Have you lived in Texas for the 12 months prior to the beginning of the semester for which you are applying for aid?  YES  NO
- If you are a dependent student (required to report parents' income information on the FAFSA), have your parents lived in Texas for the 12 months prior to the beginning of the semester for which you are applying for aid?  YES  NO

**Authorizations**

- I authorize Howard Payne University to credit Title IV (Federal) and State financial aid funds to my student account to cover the following charges: tuition and fees, room and board (if I have contracted with the university), educationally related activities and expenses (which include, but are not limited to, books, yearbook fees, private music, graduation fees, add/drop charges).  YES  NO
- I authorize Howard Payne University to credit Title IV (Federal) and State financial aid funds to my student account to cover minor prior year charges (not to exceed \$200.00)  YES  NO
- I authorize Howard Payne University to release information regarding my awards to any federal, state, institutional or local organization as is necessary for the administration of my award(s), processing of my application, and submission of required reports.  YES  NO
- I authorize HPU to release my grade point information for the purpose of obtaining scholarships and/or grants.  YES  NO
- I understand that these authorizations will remain in effect unless modified or canceled by sending a written request to the Office of Financial Aid.
- If awarded Tuition Equalization Grant (TEG), College Access Loan (CAL) or Be-On-Time funds, I authorize HPU to transfer these funds by Electronic Funds Transfer (EFT) to my student account.  YES  NO

\***Student's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**NON-DISCRIMINATION POLICY:** In compliance with federal law, including provisions of Section 504 of the Rehabilitation Act of 1973 and Title IX of the Education Amendments of 1972, Howard Payne University does not illegally discriminate on the basis of race, color, national or ethnic origin, sex, age, or disability in admissions, or in the administration of its education policies, programs, and activities. Inquiries or complaints should be directed to: Office of Enrollment Services, Howard Payne University, 1000 Fisk Street, Brownwood, TX 76801-2715; phone 325-649-8020.