



PLEASE PRINT

Name (Last, First, Middle) _____ Social Security Number _____

Address _____

City _____ State _____ Zip _____

Phone _____ Day or Message Phone _____

Email Address _____

DOCTORAL PROGRAM

1. Are you currently attending Five Branches University? Yes No If NO, when will you enter? Fall 2015 (September 1–December 31)
 Spring 2016 (January 1–April 30) Summer 2016 (May 1–August 31)

2. Which program do you attend or will you be attending?
 English Language Program Chinese Language Program

3. Which months will you be attending?
 September December March June
 October January April July
 November February May August

FAMILY INFORMATION

1. Will you have dependent/child care expenses? (limited to costs incurred while attending class or otherwise involved in instructional, clinic or other school related activities) Yes No Please attach documentation of child care costs.

If YES, monthly cost: \$ _____ For how many children? _____

Ages of children in care _____

2. List all immediate family members. Include yourself, your spouse, and any other individuals who are dependent on you for support according to the definition in the FAFSA. Indicate if any of these individuals will be attending college at least half time from June 1, 2015 through July 30, 2016.

Name (List Yourself) _____ Age _____ Relationship to You _____ College in 15–16?(Yes/No) _____

3. Please provide two references who will always know your whereabouts, preferably a family member not residing in your home:

_____	_____
Name	Name
_____	_____
Address/City/State/Zip	Address/City/State/Zip
_____	_____
Relationship	Relationship
_____	_____
Phone	Phone

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FINANCIAL INFORMATION

1. Will you receive funds other than financial aid for educational expenses while you are enrolled at Five Branches University during the 2015–2016 school year? (Include any scholarships, grants, fellowships, family gifts, Vocational Rehab or any other source of income or resources not reported on the FAFSA.) Yes No

If YES, list Source	Amount	When Disbursed?

2. If you expect that your income in the 2015 tax year will be less than your income in the 2014 tax year due to a change in circumstances such as change in employment, loss of source of income, or other reason, please indicate the expected income for the **2015** tax year:

Student: Taxable \$ _____	Spouse: Taxable \$ _____
Untaxed \$ _____	Untaxed \$ _____
Source of Untaxed Income _____	Source of Untaxed Income _____

Use the space below to explain the reason for the change. Attach a pay stub or other documentation to show what your estimate was based upon. Also describe any other unusual circumstances relating to your application for aid or attach additional pages.

CERTIFICATION

I certify that the information provided is accurate and complete to the best of my knowledge

Student Signature Date

RETURN FORM TO: Five Branches University
San Jose Campus
Attention: Financial Aid

Santa Cruz Campus
200 Seventh Avenue, Santa Cruz, CA 95062 USA
(831) 476-9424 ■ Fax: (831) 476-8928
Email: finaid@fivebranches.edu

San Jose Campus
3031 Tisch Way, Suite 507, San Jose, CA 95128 USA
(408) 260-0208 ■ Fax: (408) 261-3166
Email: sjfinaid@fivebranches.edu