



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 2016
 Spring 2017 Summer 2017

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, 2016 through July 30, 2017.

Name (List Yourself)	Age	Relationship to You	College in 16–17?(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

FINANCIAL INFORMATION

1. Will you receive funds other than financial aid for educational expenses while you are enrolled at Five Branches University during the 2016–2017 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 2016 tax year will be less than your income in the 2015 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 **2016** 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
1885 Lundy Ave, Ste 108, San Jose, CA 95131 USA
(408) 260-0208 • Fax: (408) 261-3166
Email: sjfinaid@fivebranches.edu