



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 2017  
 Spring 2018  Summer 2018

**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, 2017 through July 30, 2018.

Name (List Yourself)	Age	Relationship to You	College in 17–18?(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 2017–2018 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 2017 tax year will be less than your income in the 2016 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 **2017** 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](mailto: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](mailto:sjfinaid@fivebranches.edu)