



PLEASE PRINT

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

Address _____

City _____ State _____ Zip _____

Phone _____ Day or Message Phone _____

Email Address _____

1. Are you currently attending Five Branches University DTCM/MTCM Program? Yes No If NO, when will you enter? Fall 2019
 Spring 2020 Summer 2020

2. For which terms do you want financial aid? Fall 2019/Spring 2020 or Spring 2020/Summer 2020 Summer 2020/Fall 2020

3. When do you expect to graduate? Fall Spring Summer Year_____

4. Which Five Branches University Campus do you attend or will you be attending?
 Santa Cruz San Jose: English Language Program Chinese Language Program

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, 2019 through July 30, 2020.

Name (List Yourself) _____ Age _____ Relationship to You _____ College in 19-20?(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 2019–2020 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?

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
Santa Cruz or 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