# CONFIDENTIAL FINANCIAL AID APPLICATION
## 2026-2027 ACADEMIC YEAR

**CONFIDENTIALITY STATEMENT**

The information provided in this application will be treated as confidential and used solely for the purpose of evaluating eligibility for scholarship assistance. Access to application materials will be limited to Aquinas College personnel and scholarship committee members directly involved in the review and award process.

1. **Full Name:** _____
2. **Date of Birth:** _____
3. **Contact Phone Number:** _____
4. **Email Address:** _____
5. **Permanent Address:** _____
6. Have you been a student at Aquinas College in the past year? ☐ Yes ☐ No
   If yes: ☐ Full-time ☐ Part-time
7. Briefly describe why you have chosen Aquinas College and how you intend to use your Education: _____
   _____
   _____
8. Current GPA: _____
9. Are you Catholic? ☐ Yes ☐ No
   If No, please provide religion/denomination _____
10. How much do you anticipate that you can pay towards your Aquinas College educational expenses this year from your own savings or earnings? $_____
11. For dependent students, how much do you anticipate that your parents can pay towards your Aquinas College educational expenses this year? $_____
12. Do you currently receive any other financial assistance or scholarship? ☐ Yes ☐ No
    If yes, please specify: _____
13. Have you served in the United States Armed Forces? ☐ Yes ☐ No
14. If yes, please check current status:

    ☐ Active Duty ☐ Veteran ☐ National Guard or Reserves ☐ Spouse/Military Dependent

*Supporting documentation may be requested (e.g. DD-214, military ID or other verification)*

**STATEMENT OF NEED**

Please briefly explain your reason for requesting financial aid and provide any additional information you would like the Scholarship Committee to consider.

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*Aquinas College does not participate in Federal Title IV funding, nor receive and process Institutional Student Information Records (ISIRs), and as a consequence, Aquinas College students are not able to receive state of Tennessee grants and scholarships.*

**Declaration**

I hereby declare that the information provided above is true and complete to the best of my knowledge. I understand that providing false information may result in disqualification from financial aid consideration.

**Non-Discrimination Statement**

Aquinas College admits qualified students of any race, color, ethnicity, or national origin who desire to be part of the faith-based mission of the College to all the rights, privileges, programs and activities generally accorded or made available to students at the College. It does not discriminate based on race, color, ethnicity, or national origin in administration of its education policies, admission policies, scholarships and loan programs.

_____/_____

**Applicant's Signature** **Date**

**Application must be received no later than one week prior to the first day of class to be considered for financial aid**

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**For Office Use Only**

_____/_____

**Verified by** **Date**

**Remarks / Decision:** ☐ Approved ☐ Denied ☐ Pending

**Amount Approved:** _____

**Authorized Signatory:** _____

*Form version July 7, 2026*