



Academic Year Information

Number of credits you plan to register for in:

- Summer 2010 semester _____
- Fall 2010 semester _____
- Spring 2011 semester _____

Are you married?

- Yes No If yes, name of spouse: _____

Will your spouse be attending college on at least a half-time basis during the 2010-2011 academic year?

- Yes If yes, please indicate the name and address of the college: _____
- No _____



PLEASE PRINT

Name: _____
LAST

_____ FIRST

Program: _____

Expected Month/Year of Graduation: _____



**Touro University
Nevada**

Health Insurance

- I would like to opt out of TUN Health Insurance. (Opt out forms available from Bursar)
 If you choose not to take TUN's health insurance, you cannot borrow funds to cover the insurance cost listed on your Cost of Attendance. You must supply proof of comparable insurance to successfully opt out.

Student Certification

My signature below certifies that:

- 1** All of the information in this application is true, complete and accurate to the best of my knowledge. I understand it is my responsibility to ensure all information is complete in order to avoid delays in receiving financial aid.
- 2** I certify that I will use any financial aid funds I receive only for expenses related to attendance at Touro University Nevada.
- 3** I do not owe a refund on any grant or loan, am not in default on any loan, or have made satisfactory arrangements to repay any defaulted loan, and have not borrowed in excess of the loan limits, under Title IV programs, at any institution.
- 4** I agree to report to the Financial Aid Office any changes in my financial status, such as receipt and amount of outside scholarships, grants, gifts, work or loans.
- 5** I understand that the Financial Aid Office may require a copy of my 2009 federal income tax return, tax account information, or verification that I did not file, directly from the Internal Revenue Service.
- 6** I certify that I have a high school diploma or its recognized equivalent.
- 7** I authorize the Financial Aid Office to use my financial aid award funds, via electronic funds transfer, toward payment of my required fees and tuition.
- 8** I understand that if I have extenuating circumstances regarding my finances and wish to be considered for additional alternative or Grad PLUS loan funds, I must submit written documentation to the Financial Aid Office requesting re-evaluation of my financial aid application.
- 9** I understand that financial aid refunds likely will not be available until after classes begin. I understand that I must have other funds available for initial and/or immediate living expenses, books and supplies.

Signature: _____

Date: _____

**Financial Aid Application
2010-2011**

Complete the items listed below to be considered for financial aid:

- **2010-2011 FAFSA**
 (use Touro University school code 041426)
- **2010-2011 Touro Financial Aid Application**
- **Loan application process**
 Complete all steps at studentloans.gov
 - Entrance counseling
 - Master Promissory Note
- **Provide copy of driver's license and social security card.**
 (New Students only)

Make copies of all forms submitted for your records and keep in a financial aid file to refer to as needed.

www.tun.touro.edu



Please print in dark ink

Please check your program:

- | | | |
|---|---|--|
| <input type="checkbox"/> Bachelor of Science in Nursing | <input type="checkbox"/> Master of Science in Camp Administration | <input type="checkbox"/> Master of Science in Occupational Therapy |
| <input type="checkbox"/> Master of Education | <input type="checkbox"/> Master of Science in Medical Health Sciences | <input type="checkbox"/> Doctor of Nursing Practice |
| | <input type="checkbox"/> Master of Science in Nursing | <input type="checkbox"/> Doctor of Osteopathic Medicine |
| | <input type="checkbox"/> Master of Physician Assistant Studies | <input type="checkbox"/> Doctor of Physical Therapy |

LAST NAME, FIRST NAME and MIDDLE INITIAL

DRIVERS LICENSE NUMBER

STATE

DATE OF BIRTH (mm/dd/yyyy)

SOCIAL SECURITY NUMBER

EMAIL ADDRESS

Residence Information

LOCAL ADDRESS: Street, Apt. Number, City, State, Zip

TELEPHONE NUMBER

PERMANENT ADDRESS: Street, Apt. Number, City, State, Zip

TELEPHONE NUMBER

U.S. Citizenship & Veteran Information (You must be a U.S. citizen or eligible non-citizen to receive federal funding)

U.S. Citizen Yes No*

Eligible Non-Citizen Yes No

*If not a U.S. Citizen, provide a copy of both sides of your Alien Registration Card

- I am serving on active duty in the U.S. Armed Forces. I am a veteran of the U.S. Armed Forces.

Resource Information

List all educational benefits that you will receive during the 2010-2011 academic year, including any funds from the military health professions scholarship program. Do not include Federal Stafford loans, graduate plus or alternative loans. If you have applied for a scholarship or for educational benefits and have received tentative approval, please list them below.

NAME & AMOUNT OF AWARD(S)

Federal Stafford Loan History (Must be fully completed. Obtain information online at www.nsls.ed.gov, log on with FAFSA PIN.)

What is the name of your Federal Stafford Loan lender? _____

Total amount of Federal Stafford subsidized and unsubsidized loans received at all colleges. _____

Have you ever defaulted on a student loan? Yes No

Have you ever had any student loans discharged in bankruptcy? Yes No

Personal References

Name two relatives or friends who reside at different addresses and do not live with you, who will always know how to contact you.

NAME

NAME

STREET

STREET

CITY

STATE

ZIP

CITY

STATE

ZIP

RELATIONSHIP

RELATIONSHIP

TELEPHONE

TELEPHONE

EMAIL ADDRESS

EMAIL ADDRESS

My signature below constitutes my request for a loan under Direct Lending for attendance at Touro University Nevada.

Indicate amount for each loan type you select: Do NOT leave blank.

- Subsidized Loan \$ _____ (See Tuition & Fees online for maximum amount. You may borrow less than amount listed if you prefer.)*
- Unsubsidized Loan \$ _____ (See Tuition & Fees online for maximum amount. You may borrow less than amount listed if you prefer.)*
- Grad Plus Loan \$ _____ (Graduate students only)
- Check here if you would like to be considered for a Federal Perkins Loan.
- Check here if you would like to be considered for workstudy funds to work on campus.

Please check the following boxes after you have read the statements, and sign below.

- I understand that this loan is to be used for educational purposes while I am attending Touro University Nevada. I will use the proceeds from this loan accordingly. I also understand that this and any other student loan that I may have acquired must be repaid with interest and that I will be charged interest on unsubsidized loan funds while I am in school.
- I understand that I must complete loan counseling and a Master Promissory Note (MPN) online.
- I further understand that I must immediately notify Touro University Nevada if my status as a student, name or address changes and that failure on my part to adhere to the terms and conditions of my loan will result in a default and forfeiture of some of the benefits afforded me in this program.
- Finally, I understand that I have other rights and responsibilities and that if I am not fully aware of them, I will ask the Financial Aid Office at my school to provide me with the information.

Signature: _____

Date: _____

*Tuition and Fees information for each program is located on the Touro University Nevada website at www.tun.touro.edu. If you are a new student, please go to Prospective Students, click on Fund your education and then the Tuition and Fees page. If you are a returning student, please go to Current Students, click on Fund your education and then the Tuition and Fees page.