

Colleges Attended (including Viterbo)

College/University Name

Dates of Attendance (Mo/Yr-Mo/Yr)

Scholarship Information (Optional) (Information will only be used for determining eligibility for scholarships with specific criteria)

- a) Religious Affiliation _____
- b) Race _____
- c) Gender _____
- d) Does your family live on a farm? _____
- e) High School you graduated from _____
- f) Month/Year of High School Graduation _____
- g) Will you participate in Intercollegiate Athletics? Yes No
- h) If you answered "yes" above, which sport? _____

Special Circumstances (Use the space below to describe circumstances which may affect your family's ability to contribute to educational expenses. These may include, but are not limited to, changes to income already reported on the FAFSA, loss/reduction of untaxed income or benefits, out-of-pocket medical expenses paid, or elementary/secondary tuition expenses for family dependents. Attach additional pages if necessary.)

Certifications and Signatures

- I understand that any financial aid I receive through this application is to be used exclusively for direct education or education-related expenses.
- I understand it is my responsibility to notify the Financial Aid Office promptly of any changes to the information provided in this application and any supporting documents, including, but not limited to, changes to enrollment status, major, housing , and/or assistance I may receive from an outside source (scholarship, reimbursement, etc.)
- I understand it is my obligation, as a recipient of financial assistance, to attend class on a regular basis and make satisfactory progress toward my degree requirements. Failure to attend and/or otherwise make degree progress will result in reduction and/or cancellation of financial aid awards and possible suspension from future assistance.
- I agree to keep Viterbo University informed of my current address and phone number so I can readily be contacted when necessary.
- I understand that the Viterbo University Office of Financial Aid may share information from my financial aid records with other agencies or institutions that provide educational assistance.
- My signature below affirms that all information reported on this form is true and complete at the time of submission. I will notify the Financial Aid Office of any changes.

Student Signature _____ Date _____

Return this form to:
Office of Financial Aid, 900 Viterbo Drive, La Crosse, WI 54601

(608) 796-3900
1-800-848-3726
FinancialAid@viterbo.edu