



**Clafin University Master Financial Aid Application**  
**And**  
**Policies/ Practices Governing Student Financial Aid**

The Free Application for Federal Student Aid (FASFA) must be filed each academic year by citizens and eligible non-citizens. Students are reminded to complete the FASFA as soon as possible after October 1<sup>st</sup> each year. Financial Aid will not be awarded until the processed FASFA has been received in the Office of Student Financial Aid, You must formally be admitted to the University before aid can be disbursed.

Off Campus (Traditional Student)                       Professional & Continuing Studies  
 On Campus (Traditional Student)                       Masters Program

Student ID# \_\_\_\_\_ Social Security Number XXX-XX- \_\_\_\_\_

Name \_\_\_\_\_  
 Last    First    Middle

Permanent Address \_\_\_\_\_  
 Street    City    State    Zip Code

Off Campus Address \_\_\_\_\_  
 Street    City    State    Zip Code

Email Address \_\_\_\_\_

Home Telephone# (\_\_\_\_\_) \_\_\_\_\_ Cell Phone#(\_\_\_\_\_) \_\_\_\_\_

Work or Alternate # (\_\_\_\_\_) \_\_\_\_\_ Pager #(\_\_\_\_\_) \_\_\_\_\_

Male  Female Date of Birth \_\_\_/\_\_\_/\_\_\_ Married  Single  Divorced/Separated  Widowed

Are you a United States Citizen?  Yes  No

State of Legal Residence \_\_\_\_\_ How Long \_\_\_\_\_

Have you attended another Institution?  Yes  No (If yes, list all schools below. Attach additional sheet(s) if needed

Name of Institution:			Dates of Attendance
Name	City	State	Month/Year

Name	City	State	Month/Year
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Name	City	State	Month/Year
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Have you ever received a student loan?  Yes  No If yes, are you in DEFAULT?  No  Yes

Do you receive  VA or  AmeriCorps Benefits? (Please Check the Benefit)  
 Yes  No If yes, what is the monthly amount? \$ \_\_\_\_\_

## Policies and Practices Governing Student Financial Aid

My financial aid award is conditional based on availability of funds, and my meeting federal, state, and institutional eligibility criteria and standards of academic progress as set forth in the university's catalog.

I agree to report to the Financial Aid Office at Claflin University any scholarships, loans, jobs, grants, or other benefits that I have accepted and expect to receive from any sources other than Claflin University.

I agree that the University reserves the rights to reduce or withdraw the award of scholarship, or other types of financial aid, if the scholarship combined with other financial assistance (Federal or non-Federal) exceeds the cost of attendance inclusive of tuition, fees, room, board, and books.

I agree that Institutional Grant–In-Aid, scholarships administered by the institution, and UNCF scholarships award must be used to pay direct cost, or reduce current or past loan indebtedness. If I am a scholarship recipient, I should write the donor a "Thank You Letter" before the funds are credited to my account.

Claflin University believes the amount of financial aid awarded is a confidential matter. Only statements concerning scholarships may be released. However, my financial aid file maintained by the Office of Student Financial Aid available for my review during regular office hours.

All students who are awarded or accept Federal Work-Study employment should report to the Office of Student Financial Aid to obtain Work-Study Assignments and Contracts. Assignments and Contracts will be issued after the close of registration in the fall and spring semesters or until funding is exhausted.

Disbursements of aid will be in the form of direct credit to your account, except for Federal Work-Study, these funds are credit as earned. Disbursements of aid are credited to my account as they are received. Credit balance resulting from Title IV disbursements will be refunded within fourteen (14) days after credit appears.

Financial aid awarded on the basis of an academic year. If I desire to continue receiving financial aid for the next academic year, I must reapply by completing the Free Application for Federal Student Aid (FAFSA) or Renewal FAFSA. The application is also used to apply to the South Carolina Tuition Grant. Out-of-State students should seek assistance from their State Agency. The priority deadline for applying for financial aid is April 15<sup>th</sup> of each year.

To be considered a full time student, I must have a minimum semester course load of twelve (12) semester credit hours, and a minimum summer session of six (6) credit hours. If I enroll in less than these hours during any session, I will be considered a part-time student, and my financial aid will be subject to adjustments.

The Federal Stafford Loan Program require that I sign a master promissory note (electronic or paper) and have Entrance Counseling before the loan can be credited to my account, and Exit Counseling before graduation or withdrawal to agree on repayment provisions and ensure full understanding of the terms of my loan and the consequences of default. Students who are transfers or readmits must report to the Office of Default Management to complete an in-school deferment.

If I am a PLUS, or Federal Stafford Loan borrow, I have fourteen (14) days from the loan funds are credited to my account to cancel or reduce the loan. A written notification is required.

The Department of Education established an Ombudsman Office for student loan borrowers. I am aware that I may contact the Ombudsman Office concerning the Federal Perkins Loan Program, Federal Family Education Program (FFELP), and Williams D. Ford Federal Direct Loan Program. The Ombudsman's Office can be contacted via the Internet at [www.sfaHELP.ed.gov](http://www.sfaHELP.ed.gov) or [www.ombudsman.ed.gov](http://www.ombudsman.ed.gov). I can also reach the Ombudsman's Office by calling toll-free 1-877-557-2575 or by mail at:

Office of the Ombudsman  
Student Financial Assistance  
U.S. Department of Education  
RM, 3012, ROB #3  
7<sup>th</sup> and D Streets, SW  
Washington, DC 20202-5144

If I withdraw from Claflin University for any reason, I am required to notify the Office of Student Financial Aid prior to the withdrawal. I am expected to repay an appropriated amount of the financial aid awarded for the semester in which I withdrew.

*Claflin University exercises a zero tolerance for Drug and Alcohol Abuse. Contact the Office of Student Development for more information on preventive measures.*

**(Optional) I grant the Office of Student Financial Aid permission to release my financial aid information to the following sources outside of the university (please initial):** Parent(s) \_\_\_\_\_ Agency/Organization \_\_\_\_\_ Attorney \_\_\_\_\_ All Others \_\_\_\_\_

I HAVE READ, COMPLETED AND UNDERSTANT THE CU MASTER APPLIATION AND THE POLICIES AND PRACTICES GOVERNING STUDENT FINANCIAL AID AT CLAFLIN UNIVERISTY AS STATED ABOVE AND AGREE TO COMPLY. I ACKNOWLEDGE RECEIPT OF A COPY OF THE POLICIES AND PRACTICES BROCHURE. I FURTHER UNDERSTAND THAT ANY OLD BALANCE FROM THE PREVIOUS SCHOOL YEAR(S) MUST BE PAID IN FULL BEFORE I CAN REGISTER FOR CLASSES IN ADDITION SHOULD MY STUDENT LOAN(S) BECOME DELINQUENT AFTER GRADUATION OR WITHDRAWL, I AUTHORIZE THE OFFICE OF DEFAULT MANAGEMENT TO DISCUSS MY STUDENT LAON AND APPLICABLE REPAYMENT INFORMATION WITH MY PARENT(S) AND/OR REFERECES IF NECESSARY. I ALSO GRANT THE DEFAULT MANAGEMENT OFFICE AT CLAFLIN UNIVERSITY AUTHORIZATION TO OBTAIN CREDIT REPORTS FROM APPLICANLE CREDIT AGENCIES.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

**PLEASE PRINT THIS APPLICATION AND POLICIES AND PRACTICES GOVERNING STUDENT FINANCIAL AID. SIGN, DATE, AND RETURN TO:**

**CLAFLIN UNIVERSITY  
OFFICE OF STUDENT FINANCIAL AID  
400 MAGNOLIA STREET  
ORANGEBURG, SC 29115**