

University of Louisiana at Lafayette  
2009 — 2010 Financial Aid Data Form

P.O. Box 41206 Lafayette, LA 70504-1206  
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Please complete this **entire form** and return to the Office of Student Financial Aid **as soon as possible**.  
Processing of your file **cannot** continue until this form is received by the Office of Student Financial Aid.

1. ID# \_\_\_\_\_ 2. Name \_\_\_\_\_ 3. Date of Birth \_\_\_\_\_  
4. E-Mail Address (print clearly) \_\_\_\_\_ 5. Phone Number \_\_\_\_\_

6. Indicate below all colleges and/or universities you have attended beyond high school.  
\*\*\*\*PLEASE NOTE: ACADEMIC TRANSCRIPTS will be required from prior schools.

School Name	City	State	Enrolled From — To:

7.

Semester	Planned Enrollment At UL Lafayette (see charts below)
SU09	
FA09	
SP10	

Housing Plan:	
	O=Off Campus
	D=Dorm
	L=Legacy Park
	P=Parent
	M=Married Housing

Fall/Spring	Undergraduate	Graduate
Full time	12 or more hours	9 or more hours
¾ Time	9 – 11 hours	7 – 8 hours
½ Time	6 – 8 hours	5 – 6 hours
Less than ½ time	5 or less hours	4 or less hours

Summer	Undergraduate/Graduate
Full time	6 + hours
¾ time	5 hours
½ time	3 – 4 hours
Less than ½ time	2 hours or less

8. When do you expect to graduate from college? \_\_\_\_\_  
(semester) (year)

9. What degree are you currently pursuing?  
 First Bachelor     Second Bachelor     Teacher's Certificate     Summer Visitor  
 Entrée     Masters     Ph.D.

10. Do you expect to receive Louisiana Rehabilitation Services (non-veteran) for the 2009 – 2010 academic year?  
 Yes     No    If yes, submit a copy of you IPE from Louisiana Rehabilitation Services.

11. Do you expect to receive a National Guard Fee Waiver for the 2009 – 2010 academic year?  Yes  No

12. Do you expect to receive veterans educational benefits for the 2009 – 2010 academic year?  Yes  No  
 If yes, please check which type?  Chapter 1607 (REAP)  
 Chapter 30 (former active duty; all branches)     Chapter 1606/106 (current National Guard Reservists)  
 Chapter 31 (Veterans Vocational Rehabilitation)     Chapter 35 (Survivors & Dependents Benefits)

13. Do you expect to receive the TOPS Scholarship for the 2009 – 2010 academic year?  Yes  No    If yes, please check which type:  TOPS-Opportunity     TOPS-Performance     TOPS-Honors

13b. If yes, do you want TOPS to be applied toward your  Tuition     Other Costs?

14. **ANTICIPATED SCHOLARSHIPS/OUTSIDE RESOURCES (Do not leave this section blank)**

Will you receive any of the following? If yes, indicate the dollar amount you will receive.  
**DO NOT LEAVE THIS SECTION BLANK**; answer **zero** if no scholarship will be received.

	Summer 2009	Fall 2009	Spring 2010
Acadiana One Stop/Acadiana Works (JTPA)	\$ _____	\$ _____	\$ _____
Faculty/Staff Exemption	\$ _____	\$ _____	\$ _____
Graduate Assistantship/Fellowship/Waiver (tuition only)	\$ _____	\$ _____	\$ _____
Other Outside Source Scholarship/Waiver (Excluding UL Scholarships)	\$ _____	\$ _____	\$ _____

Name: \_\_\_\_\_

15. Are you applying for the TOPS Scholarship only? (No grants, loans, or work study)  
 Yes (Skip to #6 on next page)     No (Continue with #1 on next page)

