

# 2022-2023 WALSH UNIVERSITY APPLICATION FOR FINANCIAL AID

**PRIORITY DEADLINE FOR RETURNING MAIN CAMPUS STUDENTS IS DECEMBER 1, 2021!**

*Please do not leave any fields blank. Doing so may delay completion of your financial aid award.*

*Office Use Only*  
Logged in by \_\_\_\_\_  
Awarded \_\_yes\_\_ \_\_no\_\_  
INSTNW (new students)  
INSTRT (returning students)  
WALSH2 (duplicate/2<sup>nd</sup> app)

**Once completed, return to:** Walsh University, Student Service Center, 2020 East Maple St., North Canton, OH 44720 or via our secure financial aid document portal (instructions at <https://www.walsh.edu/uploads/securely-send-documents-to-walsh.pdf>)

<b>Last Name:</b>	<b>First Name:</b>	<b>MI:</b>	<b>Student ID:</b>	<b>Date of Birth:</b>
<b>Home Phone (w/area code):</b>	<b>Cell Phone (w/area code):</b>	<b>Current Mailing Address:</b> (you <u>must</u> update changes with the Office of the Registrar)		

<p align="center"><b><u>ENROLLMENT INFORMATION</u></b></p> <p><b>Are you new to your program or returning?</b> ____ new    ____ returning</p> <p><b>What is your program/student type?</b> ____ Main Campus Undergraduate ____ Degree Completion/Accelerated Undergraduate ____ Fast Track BSN ____ Graduate ____ LEAD (Teacher Licensure) ____ Non-degree Seeking</p> <p><b>Where will you live during the school year?</b> ____ Residence Hall ____ With parents/relatives ____ Off-campus</p>	<p align="center"><b><u>ENROLLMENT HOURS</u></b></p> <p>List the number of expected enrollment hours below for each semester. <b><i>Do not leave this blank. Doing so will delay your financial aid award!</i></b> *A separate Summer Aid Application is required for <b>main campus undergraduates only.</b></p> <p><b>Summer 2022*:</b> _____ hours <b>Fall 2022:</b> _____ hours <b>Spring 2023:</b> _____ hours</p> <p><b>Expected Graduation Date:</b> _____ (term/year)</p> <p><b>Check all that apply:</b></p> <table><tr><td>____ Walsh Alumni (student only)</td></tr><tr><td>____ Choir Member</td><td>____ Honors</td></tr><tr><td>____ Band Member</td><td>____ VA Benefit Recipient</td></tr><tr><td>____ RA</td><td>____ Global Learning (22-23)</td></tr><tr><td>____ Sibling at Walsh for 22-23 (Name: _____)</td></tr><tr><td>____ Parent Graduated from Walsh (Name: _____)</td></tr><tr><td>____ Athletic Team Member (Sport: _____)</td></tr></table>	____ Walsh Alumni (student only)	____ Choir Member	____ Honors	____ Band Member	____ VA Benefit Recipient	____ RA	____ Global Learning (22-23)	____ Sibling at Walsh for 22-23 (Name: _____)	____ Parent Graduated from Walsh (Name: _____)	____ Athletic Team Member (Sport: _____)
____ Walsh Alumni (student only)											
____ Choir Member	____ Honors										
____ Band Member	____ VA Benefit Recipient										
____ RA	____ Global Learning (22-23)										
____ Sibling at Walsh for 22-23 (Name: _____)											
____ Parent Graduated from Walsh (Name: _____)											
____ Athletic Team Member (Sport: _____)											

**FINANCIAL AID INFORMATION**

The Free Application for Federal Student Aid (FAFSA) is used to apply for any federal funds such as the Pell Grant, Federal Work Study and Federal Loans. The FAFSA is also used to apply for grants from the state of Ohio. Please check the appropriate box regarding your FAFSA filing status:

\_\_\_\_ I have completed the 2022-2023 FAFSA. Date FAFSA filed: \_\_\_\_\_

\_\_\_\_ I will complete the 2022-2023 FAFSA. Date you will file FAFSA: \_\_\_\_\_

\_\_\_\_ I have NOT and will NOT apply for any federal aid or state need-based aid for the 2022-2023 award year.

**! Remember the priority deadline is December 1, 2021!**

**OTHER INFORMATION**

Are you receiving tuition reimbursement from your employer?   No     Yes\*   Amount: \_\_\_\_\_ Employer: \_\_\_\_\_  
(\*If YES, a completed Employer Reimbursement Form is required (available on walsh.edu). Your financial aid will not be awarded without this form.)

Have you/will you receive any outside scholarships or other tuition assistance? If so, please list source and amount:  
\_\_\_\_\_

Do you have any special circumstances you would like to tell us about?  
\_\_\_\_\_

**Certification:** I certify that the information provided by me in this application is true to the best of my knowledge. I also authorize the Financial Aid Office to discuss information on this application or other financial aid documents with other offices and personnel within the University.

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
*(PHYSICAL SIGNATURE REQUIRED. ELECTRONIC SIGNATURES ARE NOT PERMITTED)*