

Acupuncture & Integrative Medicine College, Berkeley

Application for Financial Aid (AFA)

Contact Information

_____ Date

_____ First Name Middle Name Last Name

_____ Social Security Number (SSN)

_____ Permanent Address

_____ Home Phone

_____ Business Phone

_____ City State Postal Code

_____ Mobile Phone

_____ Fax Number

_____ Address While Attending School (if different)

_____ Phone While Attending School (if different)

_____ City State Postal Code

_____ Email Address

Academic Information

This is my first time applying at AIMC Berkeley

Bachelor's Degree: **yes / no**

_____ Total Sem. Units Earned

_____ Last School/College/University Attended

_____ Last Date of Attendance (MM/YYYY)

I am a continuing student

_____ Which Trimester are you entering next term?

I anticipate registering for the following course load during the next two terms:

Term / Year	Number of Units
/	
/	

Financial Information

I will be receiving financial assistance other than from student loans from the following source:

_____ in the amount of _____.

To apply for federal financial aid, go to <http://www.fafsa.ed.gov>: AIMC Berkeley's school code is **033274**)

If any of this information changes, I understand that I must contact the Financial Aid Office immediately. I also understand that I must complete an updated or renewal FAFSA and submit all requested documents in order to receive financial aid.

_____ Signature

_____ Date

