

# LYCOMING COLLEGE

# FINANCIAL AID APPLICATION

Financial Aid Office  
Lycoming College  
Williamsport, PA 17701  
Toll Free (800) 345-3920 • (570) 321-4040  
Fax # (570) 321-4993  
E-mail: [finaid@lycoming.edu](mailto:finaid@lycoming.edu)  
<http://www.lycoming.edu>

## INSTRUCTIONS

If you wish to apply for federal, state, and/or Lycoming aid (including all loans), you must submit the following forms:

1. Lycoming Financial Aid Application (LFAA). Mail to the Financial Aid Office, Lycoming College, Williamsport, PA 17701.
2. Free Application for Federal Student Aid (FAFSA). Be sure to list Lycoming College Title IV code: 003293. Students are strongly encouraged to complete the FAFSA on-line at [www.fafsa.ed.gov](http://www.fafsa.ed.gov).

**PRIORITY FILING DATE:** To be considered for all aid programs, file all documents by **March 1**, or as soon after this date as possible.

**Please print or type all information.  
Answer all questions completely.**

## FOR THE RECORD

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

Social Security No. \_\_\_\_\_

Date of Birth \_\_\_\_\_

Permanent Address \_\_\_\_\_  
Number & Street

City State Zip

Home Phone No. ( ) \_\_\_\_\_

Male  Female Married:  Yes  No

Are you a United States citizen?  Yes  No

Do you already have a Bachelor's Degree?  Yes  No

I am filing the FAFSA  I am not filing the FAFSA

## WHAT ARE YOUR PLANS?

Anticipated Major \_\_\_\_\_

What is your planned enrollment status?  Full-time  Part-time

You are a (check one):

New Student  Presently Enrolled Student

Readmitted Lycoming Student

For what period are you applying for financial aid? (check one)

Fall 20\_\_ and Spring 20\_\_  Fall 20\_\_ Only  Spring 20\_\_ Only

Where do you plan to live during the upcoming academic year?

Residence Hall  Campus Apartments  Commuter

When do you anticipate graduation from college?

Month/Year \_\_\_\_\_

## ADDITIONAL INFORMATION

**Please complete the following information:**

How would you describe yourself (please check one):

- American Indian or Alaskan Native  Asian or Pacific Islander  
 White (non-Hispanic)  Black (non-Hispanic)  Hispanic

List name(s) of your brother(s)/sister(s) currently attending Lycoming

\_\_\_\_\_  
\_\_\_\_\_

Are you a preministerial student?  Yes  No

Are you the dependent of an ordained practicing or retired minister?

Yes  No If yes, which denomination? \_\_\_\_\_

If applicable, which conference? \_\_\_\_\_

Are you a member of a United Methodist Church within the Central PA Conference?  Yes  No

If yes, name of church? \_\_\_\_\_

Location \_\_\_\_\_

Will you receive any grants, scholarships, or loans from sources other than Lycoming or the Federal or State government during the period for which you are applying for aid?

Yes  No If yes, list: \_\_\_\_\_

\_\_\_\_\_

Is your parent an employee of Lycoming College?  Yes  No



## STATEMENT OF UNDERSTANDING

- ▶ It is my responsibility to notify the Financial Aid Office of all changes in my financial aid status.
- ▶ I understand that I must maintain satisfactory academic progress according to the standards and practices of the institution.
- ▶ The Financial Aid Office has my permission to release personal information, including grades, required by external and internal scholarship donors.
- ▶ I understand that I must reapply for financial aid every year, and that it is my responsibility to obtain materials and adhere to the deadlines set by the Financial Aid Office.
- ▶ I understand that I must be enrolled full-time (12 billable credits) to receive a Lycoming Grant/Scholarship.
- ▶ Lycoming College has my authorization to use my financial aid awards to pay all educationally related charges posted to my student account. I understand that I have the right to refuse to authorize any individual item or rescind the entire authorization at any time by notifying the Financial Aid Office in writing.
- ▶ I grant the Financial Aid Office permission to discuss with my parent(s), all matters pertaining to my financial aid and student account information. If I do not wish to grant permission, I will submit a written statement to the Financial Aid Office prior to the beginning of the term.
- ▶ I certify that the information submitted on this application is true and correct, as are all of its supporting documents.

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Student Signature

(Print) Name under which enrolled

Date