



ASSISTANCE LEAGUE OF SEATTLE

1415 North 45th Street Seattle, WA 98103
206-547-4680

SCHOOL OF CHOICE: _____ QUARTER: _____ ACCEPTED _____

PLEASE TYPE OR PRINT INFORMATION

NAME: _____ STUDENT I.D. # _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

BIRTH DATE: _____ TELEPHONE : (H) _____ (W) _____

TOTAL COLLEGE CREDITS COMPLETED: _____ OVERALL G.P.A.: _____

WHAT IS YOUR INTENDED FIELD OF STUDY? _____

PERSONAL INFORMATION

WASHINGTON STATE RESIDENT? YES ___ NO ___ HOW LONG? _____

MALE: ___ FEMALE: ___ NO. OF DEPENDENTS _____

NAMES & AGES OF DEPENDENTS: _____

MARITAL STATUS: SINGLE ___ MARRIED ___ DIVORCED: _____

FINANCIAL AID: ARE YOU RECEIVING FINANCIAL AID FROM ANOTHER SOURCE?

___ YES (If yes, see list below and check all that apply)

___ NO (Please explain)

- | | | |
|----------------------------|---------------------------|----------------------|
| ___ SUPPLEMENTAL GRANT | ___ PELL GRANT | ___ STATE NEED GRANT |
| ___ GUARANTEED STUDY LOAN | ___ TUITION WAIVER | ___ WORK STUDY |
| ___ NATIONAL DIRECT | ___ VOCATIONAL REHAB. | |
| ___ VETERANS/SOC. SECURITY | ___ OTHER (Specify) _____ | |

EDUCATION: (Begin with high school)

| Name of Schools Attended | City | GPA | Dates Attended | Degree |
|--------------------------|-------|-------|----------------|--------|
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |

ACADEMIC ACTIVITIES AND/OR AWARDS: (Attach additional sheet if necessary)

WORK EXPERIENCE AND SKILLS:

Present Employment: _____

Employer: _____

Address: _____

No. of hours you work per week? _____

Take home pay per week? _____

FINANCIAL INFORMATION:

Be as realistic as possible.

ANTICIPATED INCOME:

Self/Parents/Spouse _____

Social Security _____

Loans _____

Other _____

Total _____

ANTICIPATED EXPENSES PER QUARTER:

Tuition and Fees _____

Books / Supplies _____

Total _____

Spouse's Name: _____

Spouse's Occupation: _____

Spouse's Employer: _____

Student's Assets:

Do you own a home or other property: Yes ___ No ___

Other investments / Bank Accounts _____

Own a car? Yes ___ No ___

Monthly Payments? Yes ___ No ___

To complete your application please:

ATTACH THREE LETTERS OF RECOMMENDATION:

1 from an academic source

1 from a personal source

1 from a past or present employer

ATTACH A TRANSCRIPT OF YOUR GRADES

ATTACH A BRIEF STATEMENT

of your background as a student, your reasons for continuing your education and what your plans are for the future.

DATE: _____

SIGNATURE: _____



**Assistance LEAGUE®
of SEATTLE**

I authorize the college to which I have applied to release information related to my application form to Assistance League of Seattle.

I understand this information will only be used for consideration of granting financial aid.

Signed: _____

Student ID Number: _____

Date: _____