

Financial Aid Application for Transfer Students

GOLDEN GATE UNIVERSITY

School of Law
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THE TITLE IV CODE FOR GOLDEN GATE UNIVERSITY SCHOOL OF LAW IS 001205

To receive financial aid at Golden Gate University School of Law you must complete this application and submit it to the Golden Gate University School of Law Admissions and Financial Aid Office. Be sure to include all appropriate signatures. Missing signatures and/or incomplete items require additional follow-up and cause delays in award notification.

PERSONAL DATA (PLEASE TYPE OR PRINT IN INK.)

Last Name: _____ First Name: _____ MI: _____

Date of Birth: _____ Social Security Number: _____

Sex: Male Female Marital Status: Single Married Divorced Separated

Current Address:

Street: _____

City: _____ State: _____ Zip Code: _____

Daytime Phone: _____ Evening Phone/Message: _____

Have you attended Golden Gate University before? Yes No GGU ID#, if any: _____

If yes, please indicate when you first enrolled: Trimester/Semester: _____ Year: _____

Have you previously applied for and/or received financial aid (including loans) through Golden Gate? Yes No

Permanent Address:

Street: _____

City: _____ State: _____ Zip Code: _____

State of Residency: _____ Begin Date (month/year): _____

Driver's License #: _____ License State of Issuance: _____

U.S. Citizen? Yes No If no, please attach a copy of both sides of your alien registration card.

ACADEMIC DATA

Program: J.D. Combined Degree Program (specify) _____

Please indicate your expected enrollment status: Full-time Part-time

I plan to begin in: Spring (beginning January) Fall (beginning August) Year: _____

Please indicate your anticipated year in school: 1st 2nd 3rd 4th

How many units do you anticipate taking? Fall _____ Spring _____

Anticipated Graduation Date (month/year) _____

RESOURCES/EXPENSES

Other than financial assistance from Golden Gate University and the federal government, do you expect to receive any financial assistance, including assistance from your parents, during the academic year? Yes No

If yes, indicate source and amount: _____

Will you have child care expenses while you are enrolled?

If yes, how many children? _____ Please indicate ages of these children: _____

How much per month will you pay for child care? _____

(Attach documentation of expenses for each child.)

Do you anticipate any unusual medical expenses? Yes No

If yes, attach explanation of condition. Include length of condition, type of medication, and monthly costs. Copies of receipts must be provided.

LAW SCHOOLS ATTENDED

For your most recent law school, list the name, dates of attendance, address and phone number. For other law schools you need list only names and dates of attendance.

From (month/year)	To (month/year)	Name of School
_____	_____	_____
		Address _____
		Phone _____
_____	_____	_____

CAMPUS-BASED (FEDERAL WORK-STUDY AND FEDERAL PERKINS LOANS)

TRANSFER STUDENTS ONLY

If funding is available and priority deadlines are met, what is your preference? (CHECK ONE)

Federal Perkins Loan Federal Work-Study Neither

Have you ever received a Perkins loan at another institution? Yes No

If yes, please answer the following questions:

Do you owe a balance on a National Direct Student Loan (NDSL) made to you on or before July 1, 1987? Yes No

Do you owe an outstanding balance on a Perkins loan made to you on or after July 1, 1987? Yes No

If yes, please provide the month and year you first received the Perkins loan. Month: _____ Year: _____

Do you owe an outstanding balance on a Perkins loan made to you on or after October 1, 1992? Yes No

SIGNATURE

My signature below indicates that all the above certification statements are true and correct. I understand that knowingly providing false information, including information pertaining to financial aid, may be grounds for denial of admission, or, if discovered after admission, for dismissal from the Law School. I agree that I will provide documentation to the School of Law Admissions and Financial Aid Office if there are any changes to the information contained in this application, especially if I change my enrollment plans. I agree that I will notify the School of Law Admissions and Financial Aid Office if I obtain additional resources to assist me in paying for my education, especially amounts from my employer, from outside organizations, or from family members. I understand that I must maintain satisfactory academic progress as defined by Golden Gate University School of Law and that if I drop courses after receiving financial aid I may jeopardize my eligibility for aid.

SIGNATURE: _____ DATE: _____