



2009-10 Kentucky Financial Aid Data Form

Please read this form carefully and answer ALL questions legibly, using a pen. If a question is left unanswered, the Office of Financial Aid will assume "NO" on any YES or NO questions.

Demographic Information:

Name: _____ Social Security No: _____
Former Last Names, if any: _____ Date of Birth: _____
Street Address: _____ City: _____
State: _____ Zip Code: _____ Phone No: _____
While attending McKendree I will be living: Off campus, not with parent(s) Off campus, with parent(s)

Academic Information (please complete):

Anticipated McKendree Graduation Date: _____ Month _____ Year
I will register for classes at: Louisville Center Radcliff Center

Veteran's Status and Veteran's Educational Benefits Status:

Are you a veteran? Yes No
If yes: Month/Year Enlisted _____ Month/Year Discharged _____
Will you receive VA Educational Benefits in 2009-10? Yes No
If yes, which chapter? 30(Montgomery GI Bill) 31(Voc Rehab) 32(VEAP)
 35(Survivor & Dependents Educational Assistance) 1606(Selected Reserve)
If, yes, dollar amount of benefit per month: \$ _____ Number of months: _____

Other Educational Benefits:

Have you been awarded the Kentucky Educational Excellence Scholarship (KEES)? Yes No
If yes: Yearly amount of award \$ _____ Year graduated from high school _____
Military Tuition Assistance: \$ _____/Yearly Amount
Company Tuition Benefits: _____ Source \$ _____/Yearly Amount
Private Scholarships: _____ Source \$ _____/Yearly Amount
_____ Source \$ _____/Yearly Amount
Other Assistance: _____ Source \$ _____/Yearly Amount

Return to: McKendree University Office of Financial Aid, Old Main
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Lebanon, IL 62254
Phone: (618) 537-6828 FAX: (618) 537-6530