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# BAKER UNIVERSITY

8001 College Boulevard, Suite 100  
Overland Park, Kansas 66210  
Phone: 913-491-4432 Fax: 913-491-0470  
Website: www.bakeru.com  
E-Mail: SPGSfinancialaid@bakeru.edu

## Financial Aid Application

(Please print or type)

Name \_\_\_\_\_  Male\_  Female\_\_\_ Social Security # \_\_\_\_\_

Maiden Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Street \_\_\_\_\_ City / State / Zip Code \_\_\_\_\_

Phone # (work) (\_\_\_\_\_) \_\_\_\_\_ (home) (\_\_\_\_\_) \_\_\_\_\_ (cell) (\_\_\_\_\_) \_\_\_\_\_

E-Mail Address \_\_\_\_\_ Expected Graduation Date \_\_\_\_\_

**All undergraduate students who have earned fewer than 48 college credit hours must submit a copy of their final high school transcript, or Certification of Completion of High School, or GED, or Home Study Program, to the Office of Financial Aid.**

A: Bachelors Program (years 1 and 2)  BAC  online BAC (Month/Year of high school graduation \_\_\_\_\_)

B: Bachelors Programs (years 3 and 4)  BBA  online BBA  online BBL  BSM  BBIS

C: Masters Programs  MSM  CMDR  MBA  online MBA  MMIS  RL (cohort location) \_\_\_\_\_

MLA  MSSL  MSSE  MAED  Cohort MAED (please give location: \_\_\_\_\_)

D: Doctoral Programs  Ed.D.

List all colleges / universities attended during the past six months:

School	City	State	Dates Attended (From - To)
_____	_____	_____	_____

Will you receive reimbursement from your company for tuition?  Yes  No

Will you receive reimbursement from your company for books?  Yes  No

If so, what amount? \_\_\_\_\_ How often? \_\_\_\_\_

Company Name \_\_\_\_\_ Company Phone # (\_\_\_\_\_) \_\_\_\_\_

Company Address \_\_\_\_\_

Will you be a military spouse or active duty military while enrolled at Baker?  Yes  No

Are you currently serving a criminal sentence in a federal, state, or local institution?  Yes  No

To apply for a Federal PELL Grant, Federal SEOG Grant, Federal Direct Subsidized or Federal Direct Unsubsidized Loan, or Federal Direct PLUS Loan, fill out the Free Application for Federal Student Aid (FAFSA).

**ALL INFORMATION ON THIS FORM IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT ANY CHANGE IN MY ENROLLMENT SCHEDULE WILL AFFECT MY FINANCIAL AID ELIGIBILITY.**

\_\_\_\_\_  
Signature Date

Return completed form to: <b>Baker University – Office of Financial Aid</b> 8001 College Boulevard, Suite 100 Overland Park, Kansas 66210
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