

Financial Aid Application Form
Hindu University of America
Orlando, Florida 32825-3732
Phone: 407.275.0013—Fax: 407.275.0104
Email: staff@hua.edu

Important: This form must be received at least 30 days prior to the start date for the course for which this request applies. The maximum financial aid awarded per term normally may not exceed 50% of the total amount of tuition for courses in which you enroll. If a student does not complete the course within six months of its start date, the student may have to repay to HUA the financial aid they received.

Your Name: Last _____ First _____ Middle Initial _____

Your Email Address _____

Your Permanent Mailing Address:

Street _____

City _____ State _____ Postal Code _____ Phone _____

Your Social Security Number _____ - _____ - _____ Your Date of Birth _____

U.S. Citizenship Status? U.S. Citizen _____ Legal Alien Status & INS Registration Number _____

Current Marital Status? Single _____ Married _____ Separated _____ Divorced _____ Widowed _____

Degree you are pursuing: Master's _____ Doctorate _____ Non-Degree _____

Are you and/or your spouse currently employed? You: Yes _____ No _____ Spouse: Yes _____ No _____

Your employer? _____ Monthly net income \$ _____

Your spouse's employer? _____ Monthly net income \$ _____

On your 2006 U.S. Federal Income Tax Return, what was your (and spouse's) adjusted gross income? \$ _____
(From IRS Form 1040 line 37 or IRS Form 1040A line 21 or IRS Form 1040EZ line 4)

Total current balance of your (and spouse's) cash, savings, checking and investment accounts? \$ _____

For students receiving financial help from their parents:

How much have your parents given you during the past 12 months? \$ _____

What was your parents' approximate annual income for 2006? \$ _____

Are you eligible for tuition/fee reimbursement from your (or your spouse's) employer? Yes _____ No _____

Are you eligible to receive loans to pay your tuition? Yes _____ No _____

Starting date and course for which you are applying for financial aid? _____

Amount of financial aid you are requesting to cover your tuition? \$ _____

I certify that all of the information supplied is true and accurate: (signature) _____

The following is to be completed by Hindu University of America

Date application received: _____ By whom recorded: _____ Student's HUA GPA _____

Persons reviewing application: _____

Decision:

Percent of total tuition to be waived (maximum of 50%) _____ % Amount of tuition to be waived \$ _____

Applicants will be notified in writing by email and USPS as to the decision on their financial aid application within 30 days of HUA's receipt of their application.