WOODBURY UNIVERSITY
FOUNDED IN 1884

OFFICE OF FINANCIAL AID
7500 North Glenoaks Boulevard
Burbank, CA 91504
T 818.252.5273
finaid@woodbury.edu | woodbury.edu

2019-2020 FINANCIAL AID INFORMATION REQUEST FORM

Last Name _____ First Name _____ M.I _____ Social Security Number OR Woodbury ID _____

Street Address _____ Apartment/Unit _____ Date of Birth _____

City _____ State _____ Zip Code _____ Cell Phone Number (Include Area Code) _____

Email _____ Driver's License State/Number _____

1. ACADEMIC STATUS

❒ Entering First Year Student ❒ Entering Transfer Student ❒ Continuing Undergraduate Student

❒ Entering Graduate Student ❒ Continuing Graduate Student

2. HOUSING STATUS

Please indicate where you plan to live during the academic year: ❒ Campus Housing ❒ With Parents

❒ Off Campus Housing _____
Street Address Apartment City Zip Code

3. ENROLLMENT STATUS

Please indicate how many units you expect to register for each term: Fall 2019 _____ Spring 2020 _____

Undergraduates: *12 units/full-time, 9-11 units/three-quarter time, 6-8 units/half-time;* ***Graduates:*** *6 units/full-time, 3 units/half-time*

4. ADDITIONAL RESOURCES

Please list the source and amounts of all outside assistance (Non-Woodbury scholarships, employee tuition benefits) you expect to receive during the academic year.

OUTSIDE SOURCE	AMOUNT

5. ADDITIONAL CONTACT INFORMATION

Please provide contact information for two people who will always know how to reach you.

Name _____ Phone Number _____ Relationship to Student _____

Street Address _____ Apartment _____ City _____ Zip Code _____

Name _____ Phone Number _____ Relationship to Student _____

Street Address _____ Apartment _____ City _____ Zip Code _____

6. CERTIFICATION AND SIGNATURES

I certify that the information provided is true and complete to the best of my knowledge.

Student's Signature _____ Date _____