



Scholarship and Financial Aid Application
School of Law
 2008-09 Title IV code: E00392

_____/_____
 SSN (if no Student #) / UDM STUDENT #

 Last Name First Middle Maiden/Previous

 Permanent Address/Number and Street City State/Province Zip/Postal Code

() _____ Citizenship: U.S. Canadian Other Alien Registration No. _____
 Permanent Phone Number (Check all that apply) or Canadian SIN

Birthdate _____ If not a US Citizen, are you a Permanent Resident (with documentation)? _____

Driver's License No. _____ State/Province of Issuance _____

Where will you live during the 2008-09 academic year? with parents/relatives dorm own home/apartment

 Local/Dorm address during the 2008-09 academic year City State/Province Zip/Postal Code

() _____ () _____ () _____
 Local Phone Number Fax Number Cell Phone E-mail address

Program of Study: J.D. J.D./M.B.A. J.D./LL.B. program Guest from _____

Program Length: 3-yr Day 4-yr Ext. Day 4-yr Evening 5-yr Ext. Evening
 Guest: Term I Term II Term III (circle all that are appropriate)
 UDM Student attending another institution: Term I Term II Term III Intersession
 Name of Institution attending _____

Circle year you will be in program in 2008-09: 1 2 3 4 5 Expected graduation date: _____

Specify the number of credits for which you will enroll at UDM during: Term I _____ Term II _____ Summer _____

Note: If your actual number of credits differs, you must complete a Request for Re-Evaluation form, or your aid and your refund may be delayed or canceled. Notify financial aid immediately of any enrollment change you expect. Students must be enrolled for at least 7 credits/term to be considered for most aid programs (except JD/LLBs).

Indicate the type(s) of aid for which you wish to apply: Scholarships Loans Work Study Job
 Note: For any aid other than non-need based scholarships, you must file a 2008-09 FAFSA, unless a foreign student.

List the name and dates of attendance of the post-secondary institution you most recently attended:

Will you receive any outside financial assistance (employer, VA, Voc Rehab, Military, etc.)? Yes No
 If yes, list source(s) and amount(s) below:

Name _____

Soc. Sec./ Student No. _____ / _____

References (required for loans)

Parent Name			Parent Name		
Address			Address		
City ()	State ()	Zip	City ()	State ()	Zip
Daytime phone		Evening Phone	Daytime Phone		Evening Phone
Other relative or friend not living with you or parents.			Your Employer		
Address			Address		
City ()	State ()	Zip	City ()	State ()	Zip
Daytime phone		Evening Phone	Your Phone		Fax number
Relationship			If we need to contact you, may we call you at work? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Do you have any child or elder care expenses directly related to your attendance at UDM? Yes No
If yes, indicate how much per month and enclose documentation of expenses. \$_____per month

Do you have any disability-related expenses not covered by other agencies that are directly related to your attendance at UDM? Yes No If yes, enclose documentation including amounts for the academic year.

Have you ever received financial aid at University of Detroit, Mercy College of Detroit, or University of Detroit Mercy? Yes No If yes, list most recent academic year you received aid _____

Do you have any work-study earnings from calendar year 2007? No Yes If yes, amount: \$_____

Will your financial circumstances for 2008 change significantly from 2007? Yes

I am applying for financial aid at the University of Detroit Mercy School of Law. I hereby certify that the information provided herein and on any other materials which I may submit to complete my file is complete and correct to the best of my knowledge. I understand that knowingly giving incorrect information may result in cancellation of aid, disciplinary action and/or federal prosecution and may affect character and fitness for the Bar. I further understand that I must report any outside aid I receive to the Scholarship and Financial Aid Office in a timely manner, and that all aid must be used to meet educational (tuition, fees, room, board, books, commuting, personal maintenance, and loan origination) expenses only.

Signature of Student _____ Date _____

Please return this application by April 1, 2008 to:

University of Detroit Mercy School of Law
Scholarship and Financial Office
651 East Jefferson Avenue, Rm. 133
Detroit, Michigan 48226

Phone: 313-596-0214
Fax: 313-596-9837
email: udmlawfa@udmercy.edu