



✓ **PLEASE PRINT CLEARLY UNLESS SIGNATURE INDICATED.**

✓ **PLEASE ANSWER EVERY QUESTION—DO NOT LEAVE ANY BLANKS!** IF YOU ARE UNSURE HOW TO ANSWER A QUESTION, PLEASE CONTACT THE FINANCIAL AID OFFICE AT 312.752.2070 OR 866.952.3243 (TOLL FREE).

PROGRAM AND ENROLLMENT

PLEASE MARK ONE: NEW KENDALL STUDENT CONTINUING KENDALL STUDENT

APPLICANT INFORMATION

| | | | |
|--|---------------------------------------|---|---|
| LAST FOUR OF SSN: | BIRTH DATE (MM/DD/YYYY): | / | / |
| LAST NAME | FIRST NAME | MIDDLE INITIAL | |
| PERMANENT ADDRESS (Street) | | | |
| CITY | STATE | ZIP | COUNTRY |
| EMAIL ADDRESS: | | | |
| Do you plan to live in Kendall College student housing this year?* | <input type="checkbox"/> YES | <input type="checkbox"/> NO | |
| Do you plan to use the Kendall College meal plan this year?* | <input type="checkbox"/> YES | <input type="checkbox"/> NO | |
| Do you plan to use the Kendall College insurance plan this year?* | <input type="checkbox"/> YES | <input type="checkbox"/> NO | |
| CITIZENSHIP STATUS | <input type="checkbox"/> U.S. Citizen | <input type="checkbox"/> Eligible Non-Citizen | <input type="checkbox"/> Alien Registration: #A |
| PARENT PHONE: | HOME | WORK | CELL |
| STUDENT PHONE: | HOME | WORK | CELL |

* This information will be used for financial aid purposes only. Arrangements for these programs must be made with the appropriate department.

The enrollment information you provide below will be used to estimate your financial aid eligibility for 2009-2010. If you do not understand how to fill out this section, please contact your academic advisor for assistance in determining your enrollment plans for the year. If you change your enrollment from what is listed below you must notify the Financial Aid Department in writing before the quarter starts so that you will know how the change in enrollment will affect your financial aid eligibility. The Financial Aid Department is required to review your registration after add/drop each quarter to verify eligibility for each fund prior to making disbursement.

PLEASE INDICATE YOUR ENROLLMENT PLANS FOR 2009-2010

| | | | | |
|-------------|--|--|---|---|
| SUMMER 2009 | <input type="checkbox"/> Less than ½ Time (1-5 credits) | <input type="checkbox"/> ½ Time (6-8 credits) | <input type="checkbox"/> ¾ Time (9-11 credits) | <input type="checkbox"/> Full Time (12+ credits) |
| FALL 2009 | <input type="checkbox"/> Less than ½ Time (1-5 credits) | <input type="checkbox"/> ½ Time (6-8 credits) | <input type="checkbox"/> ¾ Time (9-11 credits) | <input type="checkbox"/> Full Time (12+ credits) |
| WINTER 2010 | <input type="checkbox"/> Less than ½ Time (1-5 credits) | <input type="checkbox"/> ½ Time (6-8 credits) | <input type="checkbox"/> ¾ Time (9-11 credits) | <input type="checkbox"/> Full Time (12+ credits) |
| SPRING 2010 | <input type="checkbox"/> Less than ½ Time (1-5 credits) | <input type="checkbox"/> ½ Time (6-8 credits) | <input type="checkbox"/> ¾ Time (9-11 credits) | <input type="checkbox"/> Full Time (12+ credits) |



PROGRAM AND ENROLLMENT (CONTINUED)

PLEASE INDICATE YOUR PROGRAM OF STUDY:

SCHOOL OF CULINARY ARTS SCHOOL OF BUSINESS LES ROCHES SCHOOL OF HOSPITALITY MANAGEMENT.

PLEASE INDICATE YOUR PROGRAM LEVEL:

BACHELOR OF ARTS ASSOCIATE OF ARTS CERTIFICATE STUDENT AT LARGE

If you do not understand how to fill out this section, please contact your academic advisor for assistance in determining your enrollment plans for the year.

WILL YOU BE ENROLLING IN AN INTERNSHIP DURING THE 2009-2010 ACADEMIC YEAR?: YES NO

IF YES, WHICH TERM WILL YOU BEGIN YOUR INTERNSHIP: SUMMER 2009 FALL 2009 WINTER 2010 SPRING 2010

IF YES, WHAT IS THE LENGTH OF YOUR INTERNSHIP: 3 MONTHS 6 MONTHS OTHER _____

WILL YOU BE GRADUATING THIS YEAR? YES NO

IF YES, WHAT WILL BE YOUR LAST TERM OF ENROLLMENT : SUMMER 2009 FALL 2009 WINTER 2010 SPRING 2010

STUDENT CERTIFICATION/FINANCIAL RIGHTS AND RESPONSIBILITIES

- ✓ I understand that my award may be adjusted if my financial circumstances or enrollment status changes.
- ✓ I agree to provide proof of the information given on my financial aid application if requested.
- ✓ I understand Kendall College has the responsibility to cancel all financial aid if data irregularities exist.
- ✓ I certify I am not currently in default of any Title IV aid nor owe any repayment of any federal grant at any institution. I will use all Title IV funds received ONLY for expenses related to my study at this institution.
- ✓ I understand, with the exception of Pell Grant and MAP Grant, I must be enrolled for at least six credit hours per quarter in order to qualify for federal student loans, and that Kendall College grants/scholarships may require full-time enrollment (at least 12 credits per quarter).
- ✓ I understand I am required to make satisfactory progress in the course of study in which I am enrolled according to Kendall College Academic Progress policy. Failure to comply with the Academic Progress Policy may result in the cancellation/forfeit of financial aid.
- ✓ I certify, as a condition of my Federal financial aid, I will not engage in the unlawful manufacture, distribution, possession or use of a controlled substance during the period covered by my financial aid.
- ✓ I certify that I have read and understand the information in the Kendall College Student Financial Aid Rights and Responsibilities section of the Kendall College Catalog.
- ✓ My signature below indicates that I fully understand the information on this application and I verify to the best of my knowledge that the information submitted herein is complete and correct.



STUDENT SIGNATURE _____

DATE _____