

HAZELDEN GRADUATE SCHOOL OF ADDICTION STUDIES

Student Grant Application

Students must complete the Free Application for Federal Student Aid (FAFSA) in order to be considered to receive a grant.
 (www.fafsa.ed.gov)

Applicant Information

Full Name (Last, First, Middle) _____ Birth Date _____
 Street Address _____ Years there _____
 City _____ State _____ Zip _____ Telephone _____
 E-mail Address _____
 Social Security Number: _____
 Previous Street Address _____ Years there _____
 City _____ State _____ Zip _____
 *Present Net Salary or Commission \$ _____ Per _____ No. Dependents _____ Ages _____
 Other Income \$ _____ Per _____ Sources of Other Income _____

Date Completed FAFSA _____

Assets

	Value	Bank/Company	Balance	Mo. Payment
Cash				
Checking				
Savings				
Other				
Auto				
Real Estate				
Cash Value				
Life Insurance				
Marketable Securities				
Other				
Other				

Other Liabilities

Name of Creditor	Value	Bank/Company	Balance	Mo. Payment

Total Assets:		Total Liabilities & Monthly Payments:	
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I hereby certify that all the information given by me for the purpose of processing this application is true and correct. I understand that the processing of this grant request is contingent upon the information reported on my application for Federal Student Aid.

Applicant Signature: _____ Date: _____

Return Grant Application to:
 Hazelden Foundation
 Attn: Dixie Christensen, RW5
 PO Box 11
 Center City, MN 55012-0011