



**[SECTION 5: SPECIAL CIRCUMSTANCES — CONFIDENTIAL]**

If there are any special circumstances that may affect your ability to contribute toward the expenses of the 2008-2009 academic year, please describe below:

---

---

---

---

---

---

---

---

---

---

**[SECTION 6: APPLICANT’S STATEMENT OF AGREEMENT AND UNDERSTANDING]**

Your signature indicates that you have read and understand the following:

1. I certify that all information on this form is true and complete to the best of my knowledge.
2. Financial aid is offered for one academic year only and disbursed on a term-by-term basis. I must re-apply to receive funds for future years.
3. If I reduce my course load to less than the number of hours on this application per term, it may affect my eligibility for financial aid.
4. If I obtain financial resources such as an inheritance, private grant, scholarship, etc., I must notify Student Financial Services. Failure to do so could jeopardize other aid I am receiving and future assistance.
5. I MUST make satisfactory progress, based on the Title IV Federal Satisfactory Academic Progress Policy (copy available in Student Financial Services Office), and/or satisfactory academic standard stated in the Catalog. Failure to do so could result in the loss of financial aid awards.
6. I agree that Student Financial Services may communicate financial aid awards and other related correspondence through my Milligan College e-mail account. It is my responsibility to regularly check this email account and be accountable for information communicated in this way.

Applicant’s Signature: \_\_\_\_\_ Date: \_\_\_\_\_

***Please return this form to:***

**STUDENT FINANCIAL SERVICES  
P.O. BOX 250  
MILLIGAN COLLEGE, TN 37682**

**PHONE 423.461.8949 | 800.447.4880 | FAX 423.929.2368 | WWW.MILLIGAN.EDU/SFS**