

US FEDERAL STUDENT AID APPLICATION

Please ensure that you (and your parents, if applicable) submit this application and any required documentation as soon as possible, so that we can assess your application accurately and in a timely manner.

Student name

Date of birth (day/month/year)

Is this your first US Federal Aid application at Victoria University of Wellington? **YES** **NO**

Are you a dual US and NZ citizen? **YES** **NO**

Have you applied for New Zealand or Australian Permanent Residency? **YES** **NO**

Have you completed your High School Diploma or GED? **YES** **NO**

Have you (or your parents on your behalf) applied for other types of aid (scholarship, grant, etc) to support your education for this award year? **YES** **NO**

If YES, please complete the following questions and ATTACH DOCUMENTATION to show the amount of funding awarded:

YES NO StudyLink tuition

YES NO StudyLink allowance

YES NO Paid employment by Victoria University of Wellington (tutoring/internship/assistantship)

YES NO Grant(s), please specify:

YES NO Scholarship(s), please specify:

YES NO Other, please specify:

DECLARATION AND SIGNATURE

- I confirm that I have read, understood, and agree to be bound by the specified SAP policy (www.wgtn.ac.nz/us-sap) as it applies to students utilising US Federal Student Aid.
- I confirm that the funds awarded under the Direct Loan program for this award year will be used to support my (my child's) educational expenses.
- I agree and acknowledge that I may be required to pay back funds to Victoria University of Wellington if, through my actions, while studying at the University, it has been required to reimburse funds to the US Department of Education, its approved lenders, or guarantors.
- I confirm that I will attend and enrol at Victoria University of Wellington as stipulated in my Offer of Place.
- I have read and understood the student consumer information (www.wgtn.ac.nz/us-aid-info) provided by Victoria University of Wellington, in accordance with US Federal regulations.
- I have read and understood the Victoria University of Wellington Exchange Rate Policy, in accordance with US Federal regulations.
- I have read and understood the Borrower's Rights and Responsibilities on the Master Promissory Note.

Student signature

Date (day/month/year)

FOR DEPENDENT STUDENTS ONLY

Parent signature

Date (day/month/year)

Parent name

Send to:

US Federal Student Aid
Wellington University International
Victoria University of Wellington
PO Box 600, Wellington 6140
New Zealand

Or submit to:

Financial Aid Coordinator
Level 2, Easterfield Building
Kelburn Campus
Kelburn Parade
Wellington