



Graduate Application for Financial Assistance

Please fill out completely and return to: Union University Office of Student Financial Planning, Jackson, TN 38305

Term Start Date (month/year): _____

Full Name: _____ Marital Status: _____
Last First Middle

Date of Birth: ____ / ____ / ____ Social Security Number: ____ - ____ - ____

Permanent Home Address: _____
Street City State Zip

Cell/Work Phone: (____) _____ - _____ Home Phone: (____) _____ - _____

Email Address: _____

Please Note: Our office uses email to communicate important information regarding your aid status. Be sure to check your assigned Union email address regularly.

Major/Program of Study: _____

Campus Location: _____

List other resources not awarded by Union, such as outside scholarships, you will receive while enrolled. In addition, please complete the Documentation of Outside Assistance @ www.uu.edu/financialaid.

(i.e., Vocational Rehabilitation, Veteran's Benefits, Employer Reimbursement)

Source: _____ Yearly Amount: _____

Source: _____ Yearly Amount: _____

Source: _____ Yearly Amount: _____

Annual reports indicating compliance with the Student Right-to-Know and Campus Security Act are available in the Office of Safety and Security during regular office hours. Admission to the University does not automatically guarantee admission to specific academic programs within the University. In compliance with all applicable state and federal law, including provisions of Title IX of the Education Amendments of 1972 and Section 504 of the Rehabilitation Act of 1973, Union University does not illegally discriminate on the basis of race, sex, color, national origin, age, disability or military service in admissions; in the administration of its educational policies, programs, or activities; or employment. Under federal law, the university may discriminate on the basis of religion in order to fulfill its purposes. Persons who believe their rights under this policy have been violated should contact the Office of the President, Union University.

THE INFORMATION ON THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

Student's Signature: _____ Date: _____

Office of Student Financial Planning
1050 Union University Drive • Jackson, TN 38305-3697
www.uu.edu/financialaid • Phone 731.661.5015
Fax 731.661.5570 • finaid@uu.edu