



PLEASE PRINT

Name (Last, First, Middle) Social Security Number

Address

City State Zip

Phone Day or Message Phone

Email Address

1. Are you currently attending Five Branches University DTCM/MTCM Program? Yes No If NO, when will you enter? Fall 2022
 Spring 2023 Summer 2023

2. For which terms do you want financial aid? Fall 2022/Spring 2023 or Spring 2023/Summer 2023 Summer 2023/Fall 2023

3. When do you expect to graduate? Fall Spring Summer Year_____

4. Which Five Branches University Campus do you attend or will you be attending?
 Santa Cruz San Jose: English Language Program Chinese Language Program

FAMILY INFORMATION

1. Will you have dependent/child care expenses? (limited to costs incurred while attending class or otherwise involved in instructional, clinic or other school related activities) Yes No Please attach documentation of child care costs.

If YES, monthly cost: \$_____ For how many children?_____ Ages of children in care_____

2. List all immediate family members. Include yourself, your spouse, and any other individuals who are dependent on you for support according to the definition in the FAFSA. Indicate if any of these individuals will be attending college at least half time from June 1, 2022 through July 30, 2023.

Name (List Yourself) Age Relationship to You College in 22-23?(Yes/No)

3. Please provide two references who will always know your whereabouts, preferably a family member not residing in your home:

Name	Name
Address/City/State/Zip	Address/City/State/Zip
Relationship	Relationship
Phone	Phone

FINANCIAL INFORMATION

1. Will you receive funds other than financial aid for educational expenses while you are enrolled at Five Branches University during the 2022–2023 school year? (Include any scholarships, grants, fellowships, family gifts, Vocational Rehab or any other source of income or resources not reported on the FAFSA.) Yes No

If YES, list Source	Amount	When Disbursed?

CERTIFICATION

I certify that the information provided is accurate and complete to the best of my knowledge

Student Signature	Date
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RETURN FORM TO: Five Branches University
Santa Cruz or San Jose Campus
Attention: Financial Aid

Santa Cruz Campus
200 Seventh Avenue, Santa Cruz, CA 95062 USA
(831) 476-9424 • Fax: (831) 476-8928
Email: finaid@fivebranches.edu

San Jose Campus
1885 Lundy Ave, Ste 108, San Jose, CA 95131 USA
(408) 260-0208 • Fax: (408) 261-3166
Email: sjfinaid@fivebranches.edu