SAINT LOUIS UNIVERSITY PETITION TO ESTABLISH
A FINANCIAL AID CONSORTIUM AGREEMENT

Step #1: Complete each numbered item on this petition. Any omissions will retard the processing of this petition.
Step #2: Secure your Dean's signature.
Step #3: Sign and date this petition and submit to the Office of Student Financial Services, DuBourg Hall, Room 121

STUDENT INFORMATION

1. Name: _____ 2. Social Security # _____
3. Local Address: _____
   Street City State Zip
4. Permanent Address: _____
   Street City State Zip

5. Local Phone #: _____ 6. Permanent Phone #: _____
7. SLU Academic major: _____ 8. SLU Academic Minor _____
9. SLU School/College of Enrollment: _____
10. Are you currently receiving any scholarships/financial aid at Saint Louis University? YES NO
    If yes, please list: _____

STUDY-AWAY PROGRAM/INSTITUTION INFORMATION

11. Name of Program: _____
12. Sponsoring Institution (e.g. college, university, agency, etc.):
    _____
13. Sponsor Address:_____
    Street City State Zip

14. Phone #:_____ 15. Sponsor Country: _____
16. Financial Aid Contact at Sponsoring Institution: _____
    Name Email