

Congratulations on your decision to apply for admission to Galen! In order to secure funding for your education, you will need to begin preparing immediately. The steps are outlined in this document (please follow them carefully). Begin this process now to avoid any delay in beginning your education.

1. You will need the following information to begin applying for financial aid:
 - a. 2014 tax return and W-2s for student and spouse (if married) and/or parent (if a dependent student). If you do not have these items, please see the included documents: “IRS Tax Return Transcript Request Process” for missing tax returns and/or “Obtaining an IRS Wage and Income Transcript” for missing W-2s.
 - b. Galen’s school code for the FAFSA is **015924**
 - c. Galen’s school code for the Master Promissory Note is **G030837**
 - d. **If you will not be applying for any financial assistance, please complete the included form “Decline/Rescind of Financial Assistance” and submit to Galen’s financial aid office along with item #6 “Institutional Application for Financial Aid” (all students must complete this form).**

2. **Dependency Worksheet**
 - a. Complete the Dependency Worksheet (included in the packet) to determine whether you need your parent’s information or not.
 - b. If you answer “No” to all the questions, have your parents provide their tax information on the FAFSA in step 3 below.
 - c. Also, if you answer “No” to all the questions, give your parents the “Parent Information Packet”

3. **2015-2016 Free Application for Federal Student Aid (FAFSA)**
 - a. We encourage you to utilize the IRS Data Retrieval Tool when completing your FAFSA, if you are eligible. Choosing to use the IRS Data Retrieval will help reduce the chance of getting selected for verification and if selected, the process is much quicker and may eliminate the need to obtain tax transcripts. This will also help reduce errors and speed up processing of your financial aid application.
 - b. NOTE: If you have previously completed the FAFSA online, be sure you have added Galen’s school code (**015924**) so we can obtain your student record for financial aid.
 - c. Please complete online at www.fafsa.ed.gov , be sure to have Galen’s school code (**015924**) in your school selections.

4. **Entrance counseling**
 - a. www.studentloans.gov
 - b. Be sure to do both the entrance counseling and the Master Promissory note and print out the entrance counseling confirmation and the PDF version of the Master Promissory Note (you must click on “Submit” to get the PDF version).
 - c. Submit to Galen through one of the following methods:
 - i. Scan the document in, save on your hard drive and upload through your Student Portal Document Center

- ii. Bring into your local campus and deliver to the Financial Aid Office

5. Direct Loan Master Promissory Note (MPN)

- a. www.studentloans.gov
- b. Be sure to choose Louisville campus G030837 (even if you will be attending at another location). Be sure to do both the entrance counseling and the Master Promissory note and print out the entrance counseling confirmation and the PDF version of the Master Promissory Note (you must click on “Submit” to get the PDF version).
- c. Submit to Galen through one of the following methods:
 - i. Scan the document in, save on your hard drive and upload through your Student Portal Document Center
 - ii. Bring into your local campus and deliver to the Financial Aid Office

6. Institutional Application for Financial Aid

- a. <https://forms.galencollege.edu/eForm/ViewForm/Institutional%20Application%20for%20Financial%20Aid/0?name=test.html>
- b. Complete this document fully – including your parent’s information.

7. FAFSA Issues

- a. Once you complete your FAFSA, you will need to follow-up in a few days by checking over your Student Aid Report (SAR) to make sure your information is accurate and complete.
- b. Some students will be selected for a process called Verification; this is where the school will collect the documents to “verify” your information. Contact the financial aid office to determine what documentation may be needed to complete verification.
- c. Some students may have other issues which will need to be addressed on an individual basis; this is usually indicated on the SAR as a “C” next to the EFC. Contact the financial aid office to determine what documentation may be needed to resolve the issue.

Use this worksheet to determine whether you are a dependent student (needing parental information) or an independent student. At any point that you answer “Yes”, you may stop – you are considered independent and do not need parent information. If you answer “No” to all the questions, you are considered a dependent student and you will need your parent’s information.

Were you born before January 1, 1992? **Yes** **No**

As of today, are you married? (Also answer “Yes” if you are separated but not divorced.)
Yes **No**

Are you currently serving on active duty in the U.S. Armed Forces for purposes other than training?
Yes **No**

Are you a veteran of the U.S. Armed Forces? **Yes** **No**

Do you have children who will receive more than half of their support from you between July 1, 2015 and June 30, 2016? **Yes** **No**

Do you have dependents (other than your children or spouse) who live with you and who receive more than half of their support from you, now and through June 30, 2016? **Yes** **No**

As determined by a court in your state of legal residence, are you or were you an emancipated minor?
Yes **No**

As determined by a court in your state of legal residence, are you or were you in legal guardianship?
Yes **No**

At any time since you turned age 13, were both your parents deceased, were you in foster care or were you a dependent or ward of the court? **Yes** **No**

At any time on or after July 1, 2014, did your high school or school district homeless liaison determine that you were an unaccompanied youth who was homeless? **Yes** **No**

At any time on or after July 1, 2014, did the director of an emergency shelter or transitional housing program funded by the U.S. Department of Housing and Urban Development determine that you were an unaccompanied youth who was homeless? **Yes** **No**

At any time on or after July 1, 2014, did the director of a runaway or homeless youth basic center or transitional living program determine that you were an unaccompanied youth who was homeless or were self-supporting and at risk of being homeless? **Yes** **No**

Student Name (print): _____ SSN: _____

Declining Title IV Financial Assistance: Complete this portion if you are not applying for, or if you are reducing Federal Financial Aid (Title IV). If you have not previously completed an Institutional Application for Financial Aid, you must submit that form along with this one.

_____ I would like to decline **ALL Title IV** financial assistance for the length of my program.

(Initial) My method of payment will be:

- Cash
 Veteran's Educational Benefits
 TAA/ WIA
 Other: _____

_____ I would like to decline Title IV financial assistance as indicated below:

(Initial) (circle all that apply): Subsidized Loan Unsubsidized Loan Pell Grant

Other: _____

_____ I wish to return past disbursements of the following amounts (indicate on line):

(Initial) Subsidized Loan – return \$ _____
Unsubsidized Loan – return \$ _____
Pell Grant – return \$ _____
Other – return \$ _____

Rescind of Previous Decision to Decline Title IV Financial Assistance: Complete this portion if you previously declined Title IV financial assistance, but now wish to accept aid.

_____ I would like to rescind my previous decline of financial assistance and accept Title IV aid as indicated:

(Initial)

Request *future* disbursements beginning _____ quarter/date

(circle all that apply): Subsidized Loan Unsubsidized Loan Pell Grant

Other: _____

Request *past(if eligible) & future* disbursements beginning _____ quarter/date

(circle all that apply): Subsidized Loan Unsubsidized Loan Pell Grant

Other: _____

Student Signature

Date

Tax filers can request a transcript, free of charge, of their tax return from the IRS in one of three ways.

Online Request

- Available on the IRS Web site at www.irs.gov
- In the **Online Services** section of the homepage click “Order a Tax Return or Account Transcript”
- Click “Order a Transcript”
- Enter the tax filer’s Social Security Number, date of birth, street address, and zip or postal code. Use the address currently on file with the IRS. Generally this will be the address that was listed on the latest tax return filed. However, if an address change has been completed through the US Postal Service, the IRS may have the updated address on file.
- Click “Continue”
- In the **Type of Transcript** field, select “Return Transcript” and in the **Tax Year** field, select the year needed.
- If successfully validated, tax filers can expect to receive an IRS Tax Return Transcript in real time as a PDF.
- IRS Tax Return Transcripts requested online cannot be sent directly to a third party by the IRS.

Telephone Request

- Available from the IRS by calling 1-800-908-9946
- Tax filers must follow prompts to enter their social security number and the numbers in their street address. Generally this will be numbers of the street address that was listed on the latest tax return filed. However, if an address change has been completed through the US Postal Service, the IRS may have the updated address on file.
- Select “**Option 2**” to request an IRS Tax Return Transcript and then enter the year you are requesting.
- If successfully validated, tax filers can expect to receive a paper IRS Tax Return Transcript at the address that was used in their telephone request, within 5 to 10 days from the time the IRS receives the request.
- IRS Tax Return Transcripts requested by telephone cannot be sent directly to a third party by the IRS.

Paper Request Form – IRS Form 4506T-EZ

- IRS Form 4506T-EZ should be used instead of IRS Form 4506-T because it is sufficient to request an IRS Tax Return Transcript.
- Download at <http://www.irs.gov/pub/irs-pdf/f4506tez.pdf>
- Complete lines 1 – 4, following the instructions on page 2 of the form. Note that line 3 should be the most current address as filed with the IRS. It is the address where the IRS Tax Return Transcript will be sent. If the address has recently changed, include the address listed on the latest tax return filed on Line 4. However, if an address change has been completed through the US Postal Service, the IRS may have the updated address on file.
- Line 5 provides tax filers with the option to have their IRS Tax Return Transcript mailed directly to a third party by the IRS.

Institutions are responsible for notifying aid applicants whether to list the institution as the third party to receive the Transcript or not. Some institutions may have difficulty matching a parent's incoming IRS Tax Return Transcript to the aid applicant, as the two names may be different.

- On line 6, enter the year you need to receive IRS tax information for the FAFSA you are completing.
- The tax filers (or spouse if requesting information from a joint tax return) must sign and date the form and enter their telephone number. Only one signature is required to request a transcript for a joint return.
- Mail or fax the completed IRS Form 4506T-EZ to the appropriate address (or FAX number) provided on page 2 of Form 4506T-EZ.

Tax filers can expect to receive their transcript within 5 to 10 days from the time the IRS receives and processes their signed request. NOTE: Processing form 4506T-EZ means verifying/validating the information provided on the form. If any information does not match the IRS records, the IRS will notify the tax filer that it was not able to provide the transcript.

These are instructions for obtaining W-2 information only. This is **not** a replacement for missing tax returns.

- Call the IRS at (800) 829-1040
- You will need to speak to a representative, here are the menu options you can choose to get to a representative to order your “Wage and Income Transcript”
 - Press 2 – personal income taxes
 - Press 1 – tax history
 - Press 4 – all other questions
 - Press 2 – all other questions
- Once you speak to a representative be sure to request a **“Wage and Income Transcript”** for the tax year(s) needed. You may also want to or need to request tax transcripts at that time also.

**GALEN COLLEGE OF NURSING
BACKGROUND SCREENING AND REFERENCE CHECKS**

I, _____ understand that in order to participate in clinical rotations it may be necessary
(Print Name)
for Galen College of Nursing or the participating institutions where clinical rotations are planned (hospitals, nursing homes, or clinics, etc), to conduct a background screen and/or reference checks on me.

The background screen and/or reference checks to be made on me may include consumer credit, convictions, and other reports. These reports may include information as to my character, work habits, performance, education and work experience, including reasons for termination of employment from previous employers. Further, I understand that you will be requesting information from various Federal, State, and other agencies which maintain records concerning my past activities relating to my credit, civil and other experiences.

I authorize without reservation, any party or agency contacted to furnish the above mentioned information and release all parties involved from any liability and responsibility for doing so. I hereby consent to obtaining the above information from Sterling and/or any of their licensed agents. This authorization and consent shall be valid in original, fax or copy form. I further authorize ongoing procurement of the above mentioned reports at any time during my clinical rotation or enrollment in any Galen College of Nursing program and have received a copy of the Consumer Reports Notification regarding pulling of such consumer reports. I understand that Galen College of Nursing will ensure that all background screen and/or reference checks are conducted in compliance with all federal and state statutes, such as the Fair Credit Reporting Act, as applicable.

I understand that all information obtained from the background screen and/or reference checks process will be kept strictly confidential. Only approved personnel at Galen College of Nursing and the participating institutions where clinical rotations are planned will have access to this information.

Signature _____ Date

Please PRINT clearly:

Name: _____ Maiden / AKA: _____
First Middle Last

Soc. Sec. #: _____ *Gender: _____ *Race: _____ Date of Birth: _____

Current Address: _____ County: _____

City: _____ State: _____ Zip: _____ How long: _____ to _____

Previous Address: _____ County: _____

City: _____ State: _____ Zip: _____ How long: _____ to _____

Previous Address: _____ County: _____

City: _____ State: _____ Zip: _____ How long: _____ to _____

*Responses to these are completely voluntary. You need not respond to have your application considered. However, without this information, we may be unable to distinguish you from another in the event we discover adverse information during our background investigation.