



2025-2026 WALSH UNIVERSITY SUPPLEMENTAL APPLICATION

PRIORITY DEADLINE FOR RETURNING MAIN CAMPUS STUDENTS IS **May 1, 2025!**

Scan the QR code to access information for returning completed forms to the Student Service Center.



Last Name:	First Name:	MI:	Student ID:	Date of Birth:
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Home Phone (w/area code):	Cell Phone (w/area code):	Current Mailing Address: (you <u>must</u> update changes with the Office of the Registrar)
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<p align="center"><u>ENROLLMENT INFORMATION</u></p> <p>Are you new to your program or returning? <input type="checkbox"/> new <input type="checkbox"/> returning</p> <p>What is your program/student type? <input type="checkbox"/> Main Campus Undergraduate <input type="checkbox"/> Degree Completion/Accelerated Undergraduate <input type="checkbox"/> Fast Track BSN <input type="checkbox"/> Graduate <input type="checkbox"/> LEAD (Teacher Licensure) <input type="checkbox"/> Non-Degree Seeking</p> <p>Where will you live during the school year? <input type="checkbox"/> Residence Hall <input type="checkbox"/> With parents/relatives <input type="checkbox"/> Off-campus</p>	<p align="center"><u>ENROLLMENT HOURS</u></p> <p>List the number of expected enrollment hours below for each semester. If you don't know your exact hours of enrollment, but plan to be Fulltime enter 12 hours, half time 6 hours. <u>Do not leave this blank.</u></p> <p>Summer 2025 _____ credit hours (Summer Term 1&2) Fall 2025: _____ credit hours (Fall Term 1&2) Spring 2026: _____ credit hour (Spring Term 1&2)</p> <p>Expected Graduation Date: _____ (term/year)</p> <p><u>Check all that apply:</u></p> <table border="0"> <tr> <td><input type="checkbox"/> Walsh Alumni (student only)</td> <td><input type="checkbox"/> Choir Member</td> <td><input type="checkbox"/> Honors</td> </tr> <tr> <td><input type="checkbox"/> Band Member</td> <td><input type="checkbox"/> VA Benefit Recipient</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Resident Assistant</td> <td><input type="checkbox"/> Global Learning (25-26)</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Sibling at Walsh for 25-26</td> <td>Sibling's Name: _____</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Parent Graduated from Walsh</td> <td>Parent's Name: _____</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Athletic Team Member</td> <td>Sport: _____</td> <td></td> </tr> </table>	<input type="checkbox"/> Walsh Alumni (student only)	<input type="checkbox"/> Choir Member	<input type="checkbox"/> Honors	<input type="checkbox"/> Band Member	<input type="checkbox"/> VA Benefit Recipient		<input type="checkbox"/> Resident Assistant	<input type="checkbox"/> Global Learning (25-26)		<input type="checkbox"/> Sibling at Walsh for 25-26	Sibling's Name: _____		<input type="checkbox"/> Parent Graduated from Walsh	Parent's Name: _____		<input type="checkbox"/> Athletic Team Member	Sport: _____	
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<input type="checkbox"/> Parent Graduated from Walsh	Parent's Name: _____																		
<input type="checkbox"/> Athletic Team Member	Sport: _____																		

FINANCIAL AID INFORMATION

The Free Application for Federal Student Aid (FAFSA) is used to apply for any federal funds such as the Pell Grant, Federal Work Study and Federal Loans. The FAFSA is also used to apply for grants from the state of Ohio. Please check the appropriate box regarding your FAFSA filing status. **Please note: the 2025-2026 FAFSA is delayed until December 2024.**

I have completed the 2025-2026 FAFSA. Date FAFSA filed: _____

I will complete the 2025-2026 FAFSA.

I have NOT and will NOT apply for any federal aid or state need-based aid for the 2025-2026 award year.

! Remember the priority deadline is May 1, 2025!

OTHER INFORMATION

Are you receiving tuition reimbursement from your employer? No Yes* Amount: _____ Employer: _____
(*If YES, a completed Employer Reimbursement Form is required (available on walsh.edu). Your financial aid will not be awarded without this form.)

Have you/will you receive any outside scholarships or other tuition assistance? If so, please list source and amount:

Do you have any special circumstances you would like to tell us about?

Certification: I certify that the information provided by me in this application is true to the best of my knowledge. I also authorize the Financial Aid Office to discuss information on this application or other financial aid documents with other offices and personnel within the University.

Student's Signature: _____ Date: _____

(PHYSICAL SIGNATURE REQUIRED. ELECTRONIC SIGNATURES ARE NOT PERMITTED)

<i>Office Use Only</i>	
Logged in by _____	
Awarded <input type="checkbox"/> yes <input type="checkbox"/> no	
INSTNW (new)	
INSTRT (returning)	
WALSH2 (duplicate)	