

Mail to: Financial Aid Shimer College 3424 S. State Street Chicago, IL 60616

SHIMER SUPPLEMENTAL FINANCIAL AID APPLICATION

	First Nam	e	MI	Social Security Number	
Address				Date of Birth	
City	State	Zip Code	Driver's 1	License Number State	
Home Telephone	Work Telephone		Email A	Email Address	
Parents' Names:					
(for students 24 and under)	Father's Nar	ne		Mother's Name	
I authorize Shimer personnel t Signed:	•		on with my pare Date:	nts.	
Program you plan to attend:	□ Weekday	□ Wee	kend		
Housing plans during academi	ic year: □ On Ca	ampus 🗆 O	ff Campus	□ With Parents	
Your enrollment plans for the	academic year:				
		27 77		- I (b 1/ T:	
Fall Semester:	□ Full Time 12+ hours	□ ¾ Time 9-11 hours	□ ½ Time 6-8 hours	□ Less than ½ Time 1-5 hours	
Fall Semester: Spring Semester: Please indicate if you are:	12+ hours □ Full Time	9-11 hours □ ¾ Time	6-8 hours □ ½ Time	1-5 hours □ Less than ½ Time	
Spring Semester: Please indicate if you are:	12+ hours □ Full Time	9-11 hours □ 3/4 Time 9-11 hours	6-8 hours 1/2 Time 6-8 hours	1-5 hours □ Less than ½ Time	
Spring Semester: Please indicate if you are: □ An Early Entrant	12+ hours □ Full Time 12+ hours	9-11 hours 3/4 Time 9-11 hours	6-8 hours 1/2 Time 6-8 hours	1-5 hours Less than ½ Time 1-5 hours dchild of a Shimer Alum	
Spring Semester: Please indicate if you are: □ An Early Entrant □ A Homeschooled Student	12+ hours □ Full Time 12+ hours	9-11 hours □ ¾ Time 9-11 hours □ The □ A C	6-8 hours ½ Time 6-8 hours Child or Gran	1-5 hours Less than ½ Time 1-5 hours dchild of a Shimer Alum	
	12+ hours □ Full Time 12+ hours t	9-11 hours 3/4 Time 9-11 hours The A C	6-8 hours ½ Time 6-8 hours Child or Gran	1-5 hours Less than ½ Time 1-5 hours dchild of a Shimer Alum ess player Scholarship Finalist	