



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 2023  
 Spring 2024  Summer 2024

2. For which terms do you want financial aid?  Fall 2023/Spring 2024 or  Spring 2024/Summer 2024  Summer 2024/Fall 2024

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, 2023 through July 30, 2024.

Name (List Yourself) \_\_\_\_\_ Age \_\_\_\_\_ Relationship to You \_\_\_\_\_ College in 23-24?(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 2023–2024 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](mailto: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](mailto:sjfinaid@fivebranches.edu)