

DTD Financial Aid Information Request Form

Student Information – To be filled out by student requesting financial aid

Student Name:

First

MI

Last

Student Address:

Street

City

State

Zip

Student Signature: _____

Parent(s) Signature(s): _____

By signing above, we authorize Delta Tau Delta Fraternity, Gamma Theta chapter (DTD), to speak to the Baker University Financial Aid Office about Student. We also authorize the BU Financial Aid Office to release all requested information concerning the financial aid sought by the student including but not limited to, the information requested below.

Financial Aid Information – To be filled out by B.U. Financial Aid Office

Today's Date: _____

Financial Aid Officer Name: _____

Full Name of Representative Providing Information Herein

Has Student Applied for Financial Aid for the 2019-2020 Academic Year?

Yes / No

Please Circle One

Has Student Been Awarded Financial Aid for the 2019-2020 Academic Year?

Yes / No

Please Circle One

Is Student Receiving Aid in Excess of Direct Costs?

Yes / No

Please Circle One

When is the Refund Check Expected to be Issued to Student?

Estimated mm/dd/yyyy

Financial Aid Officer Signature: _____

Once completed, Financial Aid Officer is requested to return form via mail/email to:

Delta Tau Delta Fraternity, Gamma Theta Chapter
Attn: Mike Farmer, House Corporation Treasurer
5432 Walmer
Mission, Kansas 66202
wmikefarmer@gmail.com