A university education is a worthwhile investment that pays dividends throughout your life and the Financial Aid Office at Hope International University is committed to helping you through the process of funding your education. Please review the steps below:

STEP 1: Submit a FAFSA Application

- Complete a Free Application for Federal Student Aid (FAFSA), by visiting www.fafsa.ed.gov.
- Apply for a Personal Identification Number (PIN) via www.pin.ed.gov so that you may electronically sign your FAFSA application.

Your Financial Aid Award Letter will be mailed to you upon our receipt of your FAFSA application and SGS Financial Aid Questionnaire (Step 3). If you will not be completing a FAFSA application, proceed to Steps 3 and 4.

STEP 2: Completion of Required Loan Documents

Graduate students are typically eligible for student loans only and the annual loan limits are listed below. You must be enrolled at least half-time as a masters (5 units) or teaching credential student (6 units) per semester.

<table>
<thead>
<tr>
<th></th>
<th>Master’s Students</th>
<th>Teaching Credential Students</th>
</tr>
</thead>
<tbody>
<tr>
<td>Federal Stafford Subsidized Loan</td>
<td>$8,500</td>
<td>$5,500</td>
</tr>
<tr>
<td>Federal Stafford Unsubsidized Loan</td>
<td>$12,000</td>
<td>$7,500</td>
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</table>

Visit www.edfund.org to complete the Entrance Loan Counseling session (or EDTEST) and then select the link to the Electronic Stafford Master Promissory Note (MPN).

STEP 3: Complete a SGS Financial Aid Questionnaire

Complete via the following link: https://www.hiu.edu/sgs/admissions/finaid/fa_onlineforms.asp

STEP 4: Contact the Student Accounts Department

The Student Accounts Department posts your tuition charges, credits, and payments to your account, in addition to processing any student refunds you may be eligible to receive. Please contact the Student Accounts Department at (714) 879-3901, x7306 to receive information on their required forms. And, note as an alternative to borrowing federal student loans, the following payment options are available:

- Direct cash payments may be submitted to the Student Accounts Department
- Enrollment in the Tuition Management Systems (TMS) Payment Plan
- Apply for an alternative/private education loan

Additional information on how to enroll in the tuition payment plan may be obtained from your Student Accounts Representative. Information on alternative loan options is available through the Financial Aid and Student Accounts departments.

Should you have any questions or need any additional assistance, please contact the Financial Aid Office at (714) 879-3901, x2638 or email us at financial-aid@hiu.edu and be sure to specify your program of study.
Send these five items to the School of Graduate & Professional Studies:

1. A completed graduate application for admission.
2. An application fee in the form of a check, credit card, or money order made payable to Hope International University.
3. A 250-word definitive Statement of Purpose explaining your reasons for desiring to attend Hope International University.
   Note: Marriage and Family Therapy (M.A. in MFT) applicants are required to complete a Comprehensive Career Statement in lieu of a statement of purpose as well as scheduling a personal interview.
4. Two reference forms filled out by 1) an educator, and 2) an employer or church leader. (References must be sent directly from recommender to the Graduate and Adult Admissions office.)
5. Official transcript(s) from an accredited university or college confirming completion of an undergraduate degree and any completed graduate work. Applicants desiring to be considered for waiver of transfer or prerequisite courses must submit relevant transcripts indicating graduate level courses or undergraduate courses respectively with a satisfactory grade of B or better. If any college work is in progress at the time of this application, a final transcript with your degree posted must be sent when the work is complete. (Transcripts must be sent directly from institutions to the Graduate and Adult Admissions office.)

Application Checklist: (for your records)

- Graduate Application for Admission
- Application fee
- Statement of Purpose or Comprehensive Career Statement (M.A. in MFT applicants only)
- Reference Form #1 Given to: ____________________________________________
- Reference Form #2 Given to: ____________________________________________

Transcripts requested from:

- College 1 _________________________________ Date requested ____/____/____
- College 2 _________________________________ Date requested ____/____/____
- College 3 _________________________________ Date requested ____/____/____

Education program applicants only:

- CSET score: ________ Date taken ____/____/____
- CBEST score: _______ Date taken ____/____/____

International Students: (Please submit the following additional required documents)

- TOEFL score: ________ Date taken ____/____/____
- Financial Bank statements
- Affidavit of financial support
- SEVIS I-20 application

Direct all inquiries to Hope International University, School of Graduate & Professional Studies Office, 888-352-HOPE.
Student copies are unacceptable

**Important:** Applicants for the Teaching Credential Programs must request two official college transcripts and records of military schools.

To: Registrar of College/University

Please send ______ copy of official transcript(s) of:

Student Name ________________________________________________________________

Last                      First                      Middle

Address ____________________________________________

Street                      City                      State                      Zip

Name(s) registered under __________________________________________

Social Security # or Pin # ____________________________ I was a student from ___________ to ___________

Month/Year                  Month/Year

_________________________________________________________________________________

Student’s Signature ___________________ Date __________

Registrar: Please attach this form to transcript and mail to:

Hope International University • School of Graduate & Professional Studies: 2100 W. Orangewood Ave., Ste. 100 • Orange, CA 92868

51304803
Return this application with a non-refundable application fee of $40.00 payable to Hope International University. (Waived for Graduates of PCC and SGPS.)

Mr. Ms. Mrs.  (circle one)

Applicant's Name _________________________________________________________________________________________________________

Last First Middle (Maiden)  (circle one)

Current Address __________________________________________________________________________________________________________

Street City State Zip

Email Address _____________________________________________________________________________________________________________

Home Phone (____) _____-__________  Cell Phone (____) _____-__________  Gender  (circle one) Male Female  Soc. Sec.# ______________

Are you a citizen of the United States of America?  (circle one)  Yes  No  If no, of what country? ___________________________________

If you are not a U.S. citizen, please indicate your immigration status:

❑ International Student    ❑ Permanent Resident
❑ Visiting Scholar        ❑ Resident Alien
❑ Other

How did you hear about the program?  ❑ Print Ad    ❑ Radio    ❑ Fair    ❑ Church Affiliation    ❑ Alumni    ❑ Mailer    ❑ Current Student
❑ Internet Search Engine    ❑ Other ______________________________________________________

Program for which you are applying:

❑ Master of Education
❑ Master of Arts in Education Administration
❑ M.Ed. with Multiple Subject Teaching Credential
❑ M.Ed. with Single Subject Teaching Credential
❑ M.A. Education Administration with Preliminary Administrative Service Credential
❑ Multiple Subject Teaching Credential
❑ Single Subject Teaching Credential
❑ Administrative Service Credential
❑ Master of Science in Management: International Development, Non Profit, Marketing, Human Resource, Global Business
❑ Master of Business Administration: International Development, Non-Profit, Marketing, Human Resource, Global Business
❑ Grad Certificate in International Development
❑ Master of Arts- Emphasis: Christian Leadership, Church Planting, Inter-Cultural, Worship
❑ Master of Arts Marriage and Family Therapy

Term for which you are applying:  Year 20_____  ❑ Fall  ❑ Summer

Post Secondary Educational Background (regardless of degree completion)

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<th>College or University</th>
<th>City and State</th>
<th>Attended (From - To)</th>
<th>Major</th>
<th>Degree Type/Mo./Yr.</th>
<th>GPA</th>
<th>Units Finished</th>
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Military Service:  ❑ Yes  ❑ No  Branch: ____________________ Discharge Date: ____________________ (if applicable)

(continued on next page)
Education Applicants Only

Test Results
Date CBEST taken: __________________________________ Results: ___________________________ Plan to take: _____________________
Date CSET taken: ___________________________________ Results: ___________________________ Plan to take: _____________________

Employer Information
Name ________________________________________________________________________________ Phone (_____) ______ - _____________
Address __________________________________________________________________________________________________________________
Position or Job Title _______________________________________________________________ Date of Employment ___________________

References
Note: For Education Department applicants, one reference must be from a person who has witnessed your work/supervision with children.
Name _____________________________________________ Title __________________________ Phone Number (_____) _____ - __________
Address: ___________________________________________________________________________________________________________________
City State Zip
Name _____________________________________________ Title __________________________ Phone Number (_____) _____ - __________
Address: ___________________________________________________________________________________________________________________
City State Zip

Financial Aid Information
Do you plan on applying for financial aid?  ❑ Yes  ❑ No
I will receive aid from an  ❑ Employer  ❑ Other: ____________________________________________________________________________

Statement of Purpose
Please attach a written statement of purpose (250 words) indicating why you desire to attend Hope International University. In lieu of the statement of purpose, MFT applicants are required to complete a comprehensive career statement (see addendum) as well as an interview as part of the admission requirements.

If admitted, I hereby grant permission for use of my name and/or photograph in publicity, publications, and/or advertising for Hope International University.  ❑ Yes  ❑ No
I hereby certify that the information contained in this application is accurate and complete to the best of my knowledge. If admitted to Hope International University, I commit to abide by all the rules and regulations of the institution, and to apply myself to study and to fulfill the course requirements to the best of my ability. I understand that all admissions materials or information submitted becomes the property of the university and are not returnable.

HOPE INTERNATIONAL UNIVERSITY does not discriminate in its admission decisions on the basis of race, color, national origin, marital status, physical handicap, medical condition, or gender.

Applicant’s Signature (Required) ____________________________________________________________ Date __________________________
This form may be duplicated or a separate letter of reference may be used. Reference letters must not be dated over 6 months.

Name of Candidate ______________________________________________________________________ Date _________________________
Last First Middle

I, _____________________________________________________________ , waive my right of access to see this letter of reference.
Student Signature

I, _____________________________________________________________ , do not waive my right of access to this letter of reference.
Student Signature

The above-named candidate has applied for admission into the  
❑ Education  ❑ Ministry  ❑ Management  ❑ Psychology and Counseling
Department at Hope International University. Please complete this form to the best of your ability and mail it to the address below.

How long have you known the candidate? ____________________________________________________________________________________

In what capacity? __________________________________________________________________________________________________________

__________________________________________________________________________________________________________________________

Compared to individuals you have known at a similar level of development, please rate the candidate on the following items by checking the appropriate box.

<table>
<thead>
<tr>
<th>Item</th>
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Comments (use back of page if necessary):
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Name _____________________________________________________________ Phone _______________________________________________
Address ___________________________________________________________ Institution/Employer _________________________________
___________________________________________________________________ Position _____________________________________________
___________________________________________________________________  ____________________________________________________

Signature Date

Mail this form to the School of Graduate & Professional Studies, Hope International University, 2100 W. Orangewood Ave., Ste. 100, Orange, CA 92868.
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__________________________________________________________________________________________________________________________

Name ____________________________________________________________  Phone ______________________________________________

Address __________________________________________________________  Institution/Employer _________________________________

__________________________________________________________________  Position _____________________________________________

__________________________________________________________________   ____________________________________________________

Signature Date

Mail this form to the School of Graduate & Professional Studies, Hope International University, 2100 W. Orangewood Ave., Ste. 100,Orange, CA 92868.

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