

Financial Aid Certification

Student: _____

To be completed by Financial Aid Administrator Only (Upload to online scholarship application)

Please provide us with the most current information available at the school of nursing.

1. Total Cost of Attendance \$ _____
Estimate Actual For which academic year? _____

Tuition/Fees _____ Room & Board _____

Loan Fees _____ Transportation _____

Books _____ Personal/Misc. _____

1. What is the per credit tuition rate for 2020 – 2021 at your school? _____

2. Has the student completed a FAFSA form? Yes No

3. Total Estimated Family Contribution (EFC) \$ _____

4. Estimate of financial need to support tuition, academic fees, and books for this student:
Very High High Moderate Low No Need

5. Student ID# _____

6. Is the student: Dependent Independent

7. What are the student’s current housing plans? On Campus Off Campus With Parents

8. Using the 4.0 scale, what is the student’s current cumulative grade point average? _____

9. Is the student a U.S. Citizen? Yes No

10. Is the student an Alien with U.S. Permanent Resident Status and holds an Alien Registration Number? Yes No
If yes, please provide the Alien registration number _____

11. Type of School Public Private Not-for-profit Private For Profit

12. What is your institution’s Federal Tax Identification number? _____

FAA Name _____ Title _____

Signature _____ Date _____

School _____

Phone (_____) _____ Ext # _____ E-Mail _____

► If this student is awarded a scholarship, checks are sent to the financial aid or bursar’s office for deposit in the student’s tuition account. Please indicate the mailing address where the check is to be mailed:

Send to attention of: _____

Mailing Address _____

City _____ State _____ Zip _____

Thank you for completing this form!