This form is required for nursing students to apply for funding through the FNSNA scholarship program. The information the school of nursing provides is strictly confidential and only used to verify cost of attendance.

Financial Aid Certification **Student Name:**
Student Signature to release information:

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 2022 – 2023 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 is 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!