



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.

Total Cost of Attendance \$

Estimate Actual For which academic year?

Tuition/Fees \$ Loan Fees \$

Books \$ Room & Board \$

- 1. What is the per credit tuition rate for 2024 – 2025 at your school?
- 2. Has the student completed a FAFSA form? Yes No
- 3. Total Estimated Family Contribution (EFC) \$
- 4. Student ID#
- 5. Is the student: Dependent Independent
- 6. What is the student’s current housing plans? On Campus Off Campus with Parents
- 7. Using the 4.0 scale, what is the student’s cumulative nursing grade point average?
- 8. Is the student a U.S. Citizen? Yes No
- 9. 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

FAA Name Title

Signature Date

E-Mail

School

Phone Ext #

► 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!