



The Foundation of the National Student Nurses' Association, Inc.

Student Name: \_\_\_\_\_

Student ID: \_\_\_\_\_

### Financial Aid Certification

**To Student:** Please print this form out and give it to your Financial Aid Representative for completion.

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Please provide us with the most current information available on the above named student:

1) What is the total Cost of Attendance (COA)? \$ \_\_\_\_\_

2) For which academic year? \_\_\_\_\_  Estimate  Actual

3) Estimated budget/expenses for the 2018-2019 academic year:

Tuition/Fees \$ \_\_\_\_\_ Housing \$ \_\_\_\_\_

Loans \$ \_\_\_\_\_ Transportation \$ \_\_\_\_\_

Books \$ \_\_\_\_\_ Personal/Misc. \$ \_\_\_\_\_

4) What is the Estimated Family Contribution (EFC)? \_\_\_\_\_

5) Using the 4.0 scale, what is the student's current cumulative grade point average? \_\_\_\_\_

6) Is this student a U.S. Citizen or an Alien with U.S. Permanent Resident Status? \_\_\_\_\_

7) What is the per credit tuition rate for 2018-2019 at your school? \_\_\_\_\_

8) Type of School:  Public  Private Not-For-Profit  Private For-Profit

9) Estimate of financial need to support tuition, academic fees, and books for this student:

Very High  High  Moderate  Low  No Need

FAA Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

School: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_ Ext: \_\_\_\_\_ Email: \_\_\_\_\_

► If this student is awarded a PON Fellowship, 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!*