Office of Student Financial Services (OSFS)

EMMANUEL COLLEGE

2018-2019 Application for Financial Aid
Graduate + Professional Programs

I. Eligibility Requirements

To be considered for financial aid, you must:

- Be officially accepted into a program of study at Emmanuel College by the Office of Graduate & Professional Programs.
- Be enrolled at least half-time (six credits for undergraduate, three credits for graduate students) for most forms of financial aid.
- Maintain Satisfactory Academic Progress.
- Be a citizen, national, or permanent resident of the United States or its trust territories.
- Maintain compliance with Selective Service registration.
- Be free from default status on any previous federal student loan or aid refund obligation.

II. Applying for Financial Aid

For financial aid purposes, the 2018-2019 academic year begins with the Summer 2018 courses and concludes with the Spring 2019 courses.

Required applications and paperwork:

- 2018-2019 Free Application for Federal Student Aid (FAFSA) – This application may be completed online at fafsa.ed.gov. (You will need your FSA ID to electronically sign this application. If you do not have or have misplaced your FSA ID, you may request one at fsaid.ed.gov). Emmanuel College's Federal School Code is **002147**.
  When submitting the FAFSA, students are *strongly encouraged* to utilize the FAFSA's IRS Data Retrieval Tool.
- 2018-2019 Emmanuel College Application for Financial Aid for Graduate & Professional Programs.
- Additional documentation as requested.

III. Types of Financial Aid

When applying for financial aid, most students will qualify for a Federal Direct Loan to assist with his or her costs to attend Emmanuel College. Students enrolled in the undergraduate program who demonstrate a significant amount of financial need may also qualify for the Federal Pell Grant and MA State Grant programs. To learn more about the different types of financial aid, please visit our website at emmanuel.edu/gpp-paymentoptions

IV. Student Information

_____
Last Name First Name Middle Initial

_____
Address City State Zip Code

_____
Date of Birth Social Security number

_____
Home Telephone Number Cell Telephone Number Work Telephone Number

_____
Email Address

Citizenship status: ☐ U.S. Citizen
☐ Eligible Non-Citizen Alien Registration Number: _____

V. Acceptance Status

To be eligible for financial aid, you must be officially accepted into a program of study with the Office of Graduate & Professional Programs.

Have you been admitted into your program of study? ☐ Yes ☐ No
If no, please contact the office of Graduate & Professional Programs at 617-735-9700.

VI. Enrollment Status

You will be enrolled in the following program: ☐ Nursing ☐ Graduate Nursing ☐ Other Graduate

When do you expect to complete/graduate from this program? _____/_____
Month Year

Your financial aid award is based upon your enrollment status. Please check off below your anticipated enrollment status for **each semester** listed. ***Please note that to be eligible for most types of financial aid you must be enrolled at least half-time (six credits for undergraduate students, three credits for graduate students) each semester.***

Summer 2018	**Fall 2018**	**Spring 2019**
☐ Not attending	☐ Not attending	☐ Not attending
☐ One course	☐ One course	☐ One course
☐ Two courses	☐ Two courses	☐ Two courses
☐ Three courses	☐ Three courses	☐ Three courses
☐ Four courses	☐ Four courses	☐ Four courses

If your actual enrollment status changes from the estimate provided above, please contact the Office of Student Financial Services as your eligibility for financial aid may change.

VII. Outside Sources of Aid

Report below all expected outside sources of financial assistance you will receiving during the 2018-2019 academic year:

☐ Veteran's benefits
Amount per month: $ _____ Number of months during the 2018-2019 academic year : _____

☐ Tuition reimbursement from employer
Employer's name: _____ Amount per year $ _____

☐ Any other resources, benefits or scholarships
Name of source: _____ Amount per year: $ _____

☐ Tuition Discount – check the appropriate box below if you are:

☐ A Sister of Notre Dame	☐ A Clergy of another religious order	☐ MNA Member *
☐ A Nurse in a Catholic Hospital *	☐ An employee of Blue Cross Blue Shield *	
☐ A Boston Public School Teacher *	☐ A Boston Archdiocese School Teacher *	

*If employed by any of these organizations, proof of employment must be submitted annually (e.g., letter from supervisor).

VIII. Parking

If you are attending courses on campus there is a fee for parking. Would you like your federal student loans to assist with the cost of parking?
☐ Yes ☐ No

IX. Comments

_____

_____

_____

X. Certification of Accuracy

I attest that the information in this application and all submitted supporting documentation is true and complete to the best of my knowledge. I know that I am required to notify Emmanuel College if I receive other scholarships, grants or tuition assistance not reported on my Financial Aid Award Letter. I understand that changes to my enrollment status may affect my eligibility for financial assistance. I further understand my financial aid award is estimated until all requested documentation is submitted and the verification of my application data is completed.

Student's signature: _____ **Date:** _____

Please return this completed application to: Office of Student Financial Services, Emmanuel College, 400 The Fenway, Boston, MA 02115 or via fax at 617-735-9939. For questions regarding this form, please contact us at 617-735-9938 or financialservices@emmanuel.edu.