2014-2015 Application for Financial Aid
Graduate Studies & Nursing

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 Studies & Nursing.
• Be enrolled in a minimum of two courses (six credits) per academic semester (for most forms of financial assistance).
• 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 2014-2015 academic year begins with the Summer 2014 courses and concludes with the Spring 2015 courses.

Required applications and paperwork:
• 2014-2015 Free Application for Federal Student Aid (FAFSA) – This application may be completed online at www.fafsa.gov. (You will need your Federal PIN to electronically sign this application. If you do not have or have misplaced your PIN, you may request one at www.pin.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.
• Additional documentation as requested.

III. Types of Financial Aid
When applying for financial aid, most students will qualify for a Federal Stafford 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 graduatestudies@emmanuel.edu.

IV. Student Information

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<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Middle Initial</th>
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<tr>
<th>Address</th>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
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<table>
<thead>
<tr>
<th>Date of Birth</th>
<th>Social Security number</th>
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<thead>
<tr>
<th>Home Telephone Number</th>
<th>Cell Telephone Number</th>
<th>Work Telephone Number</th>
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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 Studies & Nursing.

Have you been admitted into your program of study? □ Yes □ No
If no, please contact the office of Graduate Studies & Nursing at 617-735-9700.
VI. Enrollment Status
You will be enrolled in the following program:  □ BSBA  □ 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) each semester.

<table>
<thead>
<tr>
<th>Summer 2014</th>
<th>Fall 2014</th>
<th>Spring 2015</th>
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<tbody>
<tr>
<td>□ Not attending</td>
<td>□ Not attending</td>
<td>□ Not attending</td>
</tr>
<tr>
<td>□ One course</td>
<td>□ One course</td>
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<td>□ Two courses</td>
<td>□ Two courses</td>
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<td>□ Three courses</td>
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<td>□ Four courses</td>
<td>□ Four courses</td>
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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 2014-2015 academic year:

□ Veteran’s benefits
  Amount per month: $ __________ Number of months during the 2014-2015 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 Clergyman of another religious order
  □ 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 at the Boston campus there is a fee for parking. Would you like financial aid 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.