



FINANCIAL AID APPLICATION 2018-2019		
		M F
Name	Social Security Number	Gender
Permanent Address	Local Address	
City, ST ZIP Code	City, ST ZIP Code	
	()	()
COUNTY You Live In	Home Phone	Cell Phone
	Dependent Independent	
Date of Birth	Dependent/Independent Student (Circle One)	
Personal Email Address	Current Employer	

DEPENDENT	INDEPENDENT
Parent's/Guardian's Name(s)	Spouse's Name (if applicable)
Address (if different than permanent address)	Address (if different from permanent address)
City, ST ZIP Code	City, ST ZIP Code
()	()
Home Phone	Home Phone
()	()
Cell Phone	Cell Phone
Place of Employment	Place of Employment
Position	Position



Give the name, address, and phone number of two relatives who are permanent residents of their communities, who will likely be in touch with you throughout your life.

1)

2)

ACTIVITIES/INVOLVEMENT

• Religious, Fraternal & Community Service Activities – list activities and involvement below:

• Professional Organizations- list activities and involvement below:

• Do you have any family members who are graduates of Blessing- Riemann College of Nursing? If yes, please name and describe relationship below:

• Area of interest in Nursing:

• Anticipated geographic location after graduation:

• Previous Academic Achievements:

• Any Military Service:

• Are you currently in default on a student loan or delinquent on a student loan payment? Y N

○ If yes, please explain:

PLEASE READ CAREFULLY AND SIGN:

I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE, THE ABOVE INFORMATION IN THE APPLICATION IS CORRECT AND COMPLETE. I AGREE TO ALLOW ACCESS TO FINANCIAL AID RECORDS FROM ALL OTHER INSTITUTIONS ATTENDED, WHICH WILL AID THE FINANCIAL AID OFFICE AT BLESSING- RIEMAN COLLEGE OF NURSING TO BETTER EVALUATE MY FINANCIAL SITUATION. I REALIZE THAT FAILURE TO COMPLY WITH THIS MAY RESULT IN ADJUSTMENTS AND INCONVENIENT DELAYS. I UNDERSTAND THAT SATISFACTORY ACADEMIC PROGRESS AS DEFINED IN THE BLESSING-RIEMAN COLLEGE OF NURSING STUDENT HANDBOOK. CONVICTIONS FOR FEDERAL DRUG OFFENSES CAN ALSO RESULT IN THE LOSS OF ELIGIBILITY FOR FEDERAL FINANCIAL AID.

I AGREE TO ALLOW BLESSING- RIEMAN COLLEGE OF NURSING FINANCIAL AID OFFICE TO USE MY ACADEMIC INFORMATION FOR SCHOLARSHIP / GRANT ELIGIBILITY.

(SIGNATURE OF APPLICANT)

(DATE)