



**APPLICATION FOR FINANCIAL AID**

_____	_____	M	F
Name	Social Security Number	Sex	
_____	_____		
Permanent Address	Local Address		
_____	_____		
City, ST ZIP Code	City, ST ZIP Code		
_____	_____		
COUNTY of Residence	Phone Number		
_____	_____		
Current Email Address	Cell Phone Number		
_____	_____		
Date of Birth	Previous college(s) attended		
_____	_____		
US Citizen? If not, give visa status	Dependent/Independent Student		
_____	_____		
Current Employer and Position	If employed by Blessing Hospital, are you eligible for EEAP?		
_____	_____		

**SPOUSE/PARENT and/ or GUARDIAN'S INFORMATION**

_____	_____		
Spouse/Parent's/Guardian's Name	Parent's/Guardian's Name		
_____	_____		
Address (If different than permanent address)	Address (if different from permanent address)		
_____	_____		
City, ST ZIP Code	City, ST ZIP Code		
( )	( )	( )	( )
Home Phone	Cell Phone	Home 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) \_\_\_\_\_



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

Professional Organizations- list activities and involvement

Do you have family members who are graduates of Blessing- Riemann College of Nursing? If yes, please list along with relationship.

Area of interest in Nursing

Anticipated geographic location after graduation

Previous Academic Achievements

Any Military Service

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

**PLEASE READ CAREFULLY AND SIGN:**

I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE, THE ABOVE INFORMATION IN THIS APPLICATION IS CORRECT AND COMPLETE. I AGREE TO SUPPLY FINANCIAL AID DOCUMENTATION AS REQUESTED AND REQUIRED, 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 THESE REQUESTS MAY RESULT IN ADJUSTMENTS AND INCONVENIENT DELAYS. I UNDERSTAND THAT SATISFACTORY ACADEMIC PROGRESS AS DEFINED BY BLESSING-RIEMAN COLLEGE OF NURSING WILL BE A REQUIREMENT OF CONTINUED ELIGIBILITY.

I FURTHER CERTIFY THAT AS A CONDITION OF RECEIPT OF FEDERAL, STATE, AND/OR INSTITUTIONAL AID, I WILL NOT ENGAGE IN THE UNLAWFUL MANUFACTURE, DISTRIBUTION, DISPERSION, POSSESSION, OR USE OF A CONTROLLED SUBSTANCE DURING THE PERIOD COVERED BY MY FINANCIAL AID AWARDS.

(SIGNATURE OF APPLICANT)

(DATE)

**BY CHECKING BOX I AGREE TO ALLOW BLESSING- RIEMAN COLLEGE OF NURSING TO USE MY ACADEMIC INFORMATION FOR SCHOLARSHIP / GRANT ELIGIBILITY.**