

COVENANT SCHOOL OF NURSING & ALLIED HEALTH FINANCIAL AID STUDENT DATA FORM – 2017-2018



Return to: Covenant School of Nursing & Allied Health, Financial Aid Office, 1919 Frankford Avenue, Lubbock, TX 79407

You may fax to 806-793-0720 or scan and email to shendrix@covhs.org

Name _____ SSN _____
LAST FIRST MIDDLE

Mailing address _____ Phone # () _____

City _____ State _____ Zip _____ **Circle:** MALE FEMALE

Date of birth ____/____/____ Ethnic Group _____ Will you be live with your parents while attending CSNAH? **YES NO**

Circle: MARRIED SEPARATED SINGLE DIVORCED Effective Date of Current Marital Status _____

Do you have: **High School Diploma** or **G.E.D** Yr Rec'd _____ **Bachelor's Degree:** Yes No If Yes Yr Rec'd _____

Where do you plan to work while enrolled? _____ Work Phone # () _____

Will you be receiving tuition assistance from one of these programs while attending CSNAH? **WIA VA Other** _____

If you have applied for or will receive any outside scholarships for this academic year please list below:

Scholarship(s) _____ \$ _____

Scholarship(s) _____ \$ _____

Do you wish to receive Federal Student Aid (FSA) (Pell Grants, FSEOG, or Loans) while attending CSNAH? **YES NO**

If you answered NO please sign here. I do not wish to received FSA at this time _____

SPECIAL CIRCUMSTANCES: If you feel that your FAFSA application presents an unrealistic picture of your financial situation, please speak to the Financial Aid office about submitting a SPECIAL CIRCUMSTANCES Application.

DO YOU WISH TO APPLY FOR FEDERAL DIRECT STUDENT LOANS? **YES NO**

TO COMPLETE THE LOAN PROCESS YOU MUST GO TO WWW.STUDENTLOANS.GOV.

1. COMPLETE ENTRANCE COUNSELING FOR COVENANT SCHOOL OF NURSING AND ALLIED HEALTH OR PROVIDE PROOF OF ENTRANCE COUNSELING FROM ANOTHER SCHOOL.
2. COMPLETE A MASTER PROMISSORY NOTE FOR COVENANT SCHOOL OF NURSING AND ALLIED HEALTH
3. PROVIDE PAPER COPIES FOR PROOF OF COMPLETION OF THE ABOVE TWO ITEMS TO THE FINANCIAL AID OFFICE
4. SIGNATURE REQUIRED ON PAGE 2 – ACKNOWLEDGEMENT AND AGREEMENT FORM

PARENT PLUS LOANS: Parents may apply for a Parent PLUS loan at www.studentloans.gov. Parents will be required to pass a credit check. Parents will also be required to fill out the CSNAH Parent PLUS Loan Request Form which is available in the CSNAH Financial Aid Office or requested at shendrix@covhs.org.

MAXIMUM ANNUAL STUDENT LOAN LIMITS FOR NURSING AND RADIOGRAPHY AT CSNAH:

Year	Dependent Students (except students whose parents are unable to obtain PLUS Loans)	Independent Students (and dependent undergraduate students whose parents are unable to obtain PLUS Loans)
First-Year Radiography Limits	\$5,500—No more than \$3,500 of this amount may be in subsidized loans.	\$9,500—No more than \$3,500 of this amount may be in subsidized loans.
Second-Year Radiography and all Nursing	\$6,500—No more than \$4,500 of this amount may be in subsidized loans.	\$10,500—No more than \$4,500 of this amount may be in subsidized loans.

Acknowledgement and Agreement Form

The following information will ensure that you have been properly advised concerning our Satisfactory Progress Policy, your Rights and Responsibilities, our Awarding Policy Disbursement of Aid and Loan Counseling Requirements.

I understand that to be eligible to receive Federal Title IV Financial Aid I must have a High School Diploma or GED. I further understand that I will not be eligible to receive Title IV financial aid at CSNAH for any enrollment period during which I am repeating previously attempted clock-hours but will be on warning and required to follow an individualized Academic Improvement Plan.

I understand that I am responsible for informing the Financial Aid Office of any changes or additions which would affect my financial condition, such as a scholarship, marriage, employment, etc., as soon as such change(s) occur.

I understand that it is my responsibility to provide copies of all the documents required by the Financial Aid Office and CSNAH has my permission to verify any or all information pertinent to my financial aid file. I also agree to submit copies of my U.S. Tax Returns upon request. I understand that such documents will become the property of CSNAH and may not be returned.

I understand that it is my right to inspect my Financial Aid file at any time.

I certify that I have read, understand, and agree to abide by the Satisfactory Academic Progress Policy for Student Financial Aid at CSNAH, provided in the CSNAH Student Catalog pertaining to my eligibility and continued receipt of financial aid.

I understand that if I request a Leave of Absence or when my enrollment is terminated at CSNAH (withdrawal or graduation) I must contact the Financial Aid Office.

Return to Title IV (R2T4): I understand that if my enrollment is terminated prior to the 60.01% point for any payment period in which I receive Federal Title IV financial assistance, I may be required to return 50% of the unearned portion of the Pell/FSEOG received. I understand that if I do not pay this debt within 45 days, or make satisfactory repayment arrangements, I will not be eligible for further Title IV aid at any college or university. I also understand the amount of any repayment is based on regulations published by the Secretary of Education. I further understand that I am financially responsible to pay CSNAH any charges created as a result of R2T4.

I understand that I must complete ENTRANCE loan counseling on the web at <http://studentloans.gov> prior to receiving my first loan check each academic year at CSNAH and I must complete EXIT counseling via the web upon termination of my enrollment at CSNAH, either by graduation, academic suspension, or withdrawing.

I understand that CSNAH's **priority deadlines** for financial aid are: **Registered Nursing Program:** June 1st for July/September admissions, October 1th for February/April admission; **Radiography Program:** June 15th for Fall Admission

SEE NEXT PARAGRAPH

I understand that all of my financial aid application forms and documents must be accurately completed, processed, corrected and received by the CSNAH Financial Aid Office by the above date if I expect to receive my award notice *prior* to the first class day. I understand that after awarding begins, it may be determined that additional documents are needed, and that I am required to provide such. I understand that I will not be awarded any Title IV funds until all requested documents have been submitted to the Financial Aid Office. I understand that if errors are found on any of my documentation, I may be asked to provide additional forms. I also understand that during peak periods, there will be some delay in processing my file.

I understand that Federal Direct Loan Program will not be processed until all other aid has been determined. I understand that the BUSINESS OFFICE COORDINATOR disburses all financial assistance in the form of checks, and any related tuition or other school charges must be paid at the time of disbursement. **I authorize CSNAH to credit any federal or private financial assistance for which I am eligible, including loan funds, to pay for tuition, fees, unreturned books, supplies and other school charges for educationally related activities.**

The Department of Education frequently changes regulations pertaining to financial aid and its delivery. Due to these changes, the CSNAH Financial Aid Office reserves the right to make policy and procedural changes during and between award years.

I understand and agree that any and all pertinent communication between the Financial Aid Office and me may be documented in my file.

My signature below acknowledges that I have read and understand all of the above information. I certify that to the best of my knowledge, the information contained on this form and in my financial aid file is correct. I am aware that continued receipt of financial assistance may be in jeopardy if I fail to report all sources of financial assistance pertaining to my enrollment at CSNAH. I authorize the Financial Aid Office at CSNAH to release information concerning my records to any institution, federal or state office, or any organization /agency as is necessary for the administration of my awards. I understand that this authorization will remain in effect unless revoked in writing. I authorize CSNAH to apply any federal funds received in my name to my account to the extent necessary to pay all outstanding educational charges and to release the remaining proceeds to me upon request.

Applicant's Signature

Date