

Last Name	First Name	M.I.	Social Security Number
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C: FAFSA (Please check all boxes that apply.)

Filing the FAFSA No Financial Aid Need (Not Filing the FAFSA)

D: LETTIE PATE WHITEHEAD SCHOLARSHIP (Please check below if you have not already applied for this scholarship (14-15 academic year) and would like to be considered. Please send paragraph to the Office of Financial Aid).

___ Lettie Pate Whitehead Scholarship (FAFSA Required)

Awarded “on the basis of need to Christian women who reside in one of the specified states”: [Georgia, North Carolina, South Carolina, Virginia, Louisiana, Mississippi, Alabama, Tennessee or Florida] and selected scholarship recipients are enrolled in the College of Nursing or another Bon Secours allied health discipline.” Forward a typed brief paragraph outlining the reasons you are applying for a scholarship to the Office of Financial Aid. In your paragraph please speak to your scholastic accomplishments and your financial need.

Religious affiliation (optional):

Baptist Catholic Episcopalian Presbyterian Other

E: EXTERNAL FINANCIAL AID RESOURCES (Please check or list any other resources you will be receiving to assist with your educational expenses.)

- GI Bill/Veteran’s Educational Benefits
- VA 529 College Savings Plan
- Alternative Loan (Private Loan)
- Tuition Assistance/Reimbursement _____
Provide by and \$ amount for calendar year.
- Outside Scholarship (Please list Outside Scholarship(s) and \$ amount(s))

G: CERTIFICATION STATEMENT:

By signing below I understand that I may not receive Financial Aid from more than one school/college during the same semester/term and that I designate BSMSON as the school at which my Financial Aid will be awarded, processed, and disbursed. I CERTIFY THAT MY FINANCIAL AID AWARDS/REFUNDS ARE USED SOLELY FOR EDUCATIONAL EXPENSES. I also certify that I have reviewed and understanding the Financial Aid Guidelines and requirements and agree to abide by these terms and conditions. I understand that if I am not enrolled at least half time (6 credits) each semester, all of my federal loans for that semester will be canceled, and that if I received a Federal Pell Grant, it may also be reduced or canceled. I understand that if I am no longer meeting Satisfactory Academic Progress standards after grades are posted, my financial aid will be canceled. I ALSO AUTHORIZE BSMCON TO OBTAIN A CONSORTIUM AGREEMENT ON MY BEHALF FROM ANY COLLEGE/UNIVERSITY WHERE I AM ENROLLED IN GENERAL EDUCATION COURSES THAT MEET THE REQUIREMENTS OF MY PROGRAM AT BSMCON. I CERTIFY that my enrollment is as a regular student seeking a degree from BSMCON, and none of my hours are in correspondence classes.

By signing this worksheet, I certify that all the information reported is complete and accurate.

Student Signature: _____ Date: _____