

## 2014-2015 Financial Aid Request

Bon Secours Memorial College of Nursing—Office of Financial Aid 8550 Magellan Parkway, Suite 1100. Richmond, VA 23227 804-627-5301 • Fax: 804-627-5441 • Email: finanial-aid@bsmcon.edu FA Req. Page 1 of 2

## **Deadline Dates.**

To ensure that there is no delay in your financial aid for the 2014-2015 academic year, all necessary forms need to be completed and returned by April 30, 2014 for returning students, July 1, 2014 for new students enrolling in the Fall 2013 semester, November 1 for new students enrolling in the Spring 2014 semester, and May 1, 2015 for new students enrolling in the Summer 2015 semester. This form serves as your coversheet for all financial aid.

Reminder: If you receive an outside scholarship, Tuition Assistance, or Tuition Reimbursement you must report this funding to the BSMCON Office of Financial Aid.

## What you should do:

- 1. Complete each item below. Incomplete or illegible forms may cause delays.
- 2. If a question does not apply to you and your parents (if dependent) or you and your spouse (if married) please enter N/A in the space provided for the answer.
- 3. You must sign on the bottom of the second page.
- 4. Send the completed Financial Aid Request to the Office of Financial Aid.
- Completed form may be submitted electronically, by email, faxed or regular mail.

<u>ORMATION</u>		
First Name	M.I.	Social Security Number
Permanent Address		Date of Birth
State	Zip Code	Telephone Number
	ours Employee? No	Yes
Name of Employee Relationsh		elationship to you.
Bon Secours Facility		
STUDY & ENROLLMENT (Please ch	eck all boxes that apply.)	
rollment plans: Full-time		5?
YES FA14 Credits: NO	SP15 Credits:	SU15 Credits:
rollment plans: Full-time	Part-time ing the academic year 2014-2015	5?
YES FA14 Credits: NO	SP15 Credits:	SU15 Credits:
	Permanent Address  State  EMPLOYEE?  r of your immediate family a Bon Second Second Facility  Bon Second Facility  STUDY & ENROLLMENT (Please change of the Spring)  rollment plans: Full-time ender you planning on attending JSRCC during the JSRCC during the spring w/ Summer trailer)  Tollment plans: Full-time ender you planning on attending JSRCC during the spring w/ Summer trailer)  rollment plans: Full-time ender you planning on attending JSRCC during the spring w/ Summer trailer)  Tollment plans: Full-time ender you planning on attending JSRCC during the spring w/ Summer trailer)  The spring w/ Summer trailer is problement plans: Full-time ender you planning on attending JSRCC during the spring w/ Summer trailer is problement plans: Full-time ender you planning on attending JSRCC during the spring w/ Summer trailer is problement plans: Full-time ender you planning on attending JSRCC during years and years are years at the spring years are years at the spring years are years at the years are years at the years are years at the years are years.	Permanent Address  State Zip Code  EMPLOYEE? r of your immediate family a Bon Secours Employee? No  Name of Employee R  Bon Secours Facility  STUDY & ENROLLMENT (Please check all boxes that apply.) mic Year: Fall & Spring) rollment plans: Full-time Part-time e you planning on attending JSRCC during the academic year 2014-2013 YES FA14 Credits: SP15 Credits: NO  Fall & Spring w/ Summer trailer) rollment plans: Full-time Part-time e you planning on attending JSRCC during the academic year 2014-2013 YES FA14 Credits: SP15 Credits: YES FA14 Credits: SP15 Credits:

C: FAFSA (Please check all boxes that apply.)  Filing the FAFSA No Financial Aid Need (Not Filing the FA  D: LETTIE PATE WHITEHEAD SCHOLARSHIP (Please check below if you have not already applied for this sch (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, Carolina, Virginia, Louisiana, Mississippi, Alabama, Tennessee or Florida] and selected scholarship recipients are enrolled in College of Nursing or another Bon Secours allied health discipline." Forward a typed brief paragraph outlining the reason applying for a scholarship to the Office of Financial Aid. In your paragraph please speak to your scholastic accomplishmy your financial need.  Religious affiliation (optional):  BaptistCatholicEpiscopalianPresbyterianOther  E: EXTERNAL FINANCIAL AID RESOURCES (Please check or list any other resources you will be receiving to a your educational expenses.)  GI Bill/Veteran's Educational Benefits  VA 529 College Savings Plan  Alternative Loan (Private Loan)	nolarship  a, South in the ns you are nents and
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 Carolina, Virginia, Louisiana, Mississippi, Alabama, Tennessee or Florida] and selected scholarship recipients are enrolled in College of Nursing or another Bon Secours allied health discipline." Forward a typed brief paragraph outlining the reason applying for a scholarship to the Office of Financial Aid. In your paragraph please speak to your scholastic accomplishm 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 a your educational expenses.)  GI Bill/Veteran's Educational Benefits VA 529 College Savings Plan	a, South in the ns you are nents and
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your educational expenses.)  GI Bill/Veteran's Educational Benefits VA 529 College Savings Plan	nssist with
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 semester/term and that I designate BSMSON as the school at which my Financial Aid will be awarded, processed, and did CERTIFY THAT MY FINANCIAL AID AWARDS/REFUNDS ARE USED SOLELY FOR EDUCATIONAL EXPENS certify that I have reviewed and understanding the Financial Aid Guidelines and requirements and agree to abide by these conditions. I understand that if I am not enrolled at least half time (6 credits) each semester, all of my federal loans for that 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 meeting Satisfactory Academic Progress standards after grades are posted, my financial aid will be canceled. I ALSO AU BSMCON TO OBTAIN A CONSORTIUM AGREEMENT ON MY BEHALF FROM ANY COLLEGE/UNIVERSITY AM ENROLLED IN GENERAL EDUCATION COURSES THAT MEET THE REQUIREMENTS OF MY PROG BSMCON. I CERTIFY that my enrollment is as a regular student seeking a degree from BSMCON, and none of my h correspondence classes.  By signing this worksheet, I certify that all the information reported is complete and accurate.	isbursed. I SES. I also e terms and at semester n no longer UTHORIZE WHERE I GRAM AT