

**Abington Memorial Hospital Dixon School of Nursing
Financial Aid and Women's Board Scholarship APPLICATION
2013-2014 Academic Year**

Mail complete application to:	ABINGTON MEMORIAL HOSPITAL DIXON SCHOOL OF NURSING 2500 MARYLAND ROAD, SUITE 200 WILLOW GROVE, PA 19090-1284 ATTN: OFFICE OF STUDENT FINANCIAL AID SERVICES
	* DO NOT FAX *

NOTE: Failure to complete all sections in the application process will render your file incomplete and will require all tuition and fees to be paid in full prior to the beginning of each academic term in the 2013-2014 Academic Year. There will be no exceptions to the above.

SECTION A: Student's Personal Information (Please PRINT clearly or type information)

Student's Full Name: (Include Maiden Name)			Maiden Name:	
Student's Date of Birth:		Student's Current Age:		
Check all that apply and fill in appropriate information: NOTE: Students under 24 years of age are considered dependent for financial aid purposes. You may be required to submit documentation in regards to your	<input type="checkbox"/> Returning Student CLASS OF 2014:		<input type="checkbox"/> New Student CLASS OF 2015:	
	<input type="checkbox"/> Day		<input type="checkbox"/> Evening/Weekend	
	Citizenship Status for 2013-2014: <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Eligible Non-citizen <input type="checkbox"/> Neither			
	<input type="checkbox"/> My information has changed or will change as of _____ before the upcoming academic year (please list changes below if different from the information on file at DSON):			
	Street Address:			
City, State, Zip:				
Home Number:		Cell Number:		
Marital Status (select one): <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorce <input type="checkbox"/> Widowed				
Independent Student or Parents of Dependent Student should list household information for the academic year 2013-2014: List all dependents who you provide more than half of their support for the year 2013. Use additional sheet if necessary. List spouse or Person(s) sharing living expenses with you for the year 2013.				
Name	Relationship to Student	Age	Attending a College or University in 2013-2014 (List School)	Expected Date of Graduation

Do you have a Bachelor's Degree? <input type="checkbox"/> No <input type="checkbox"/> Yes Graduation Date: _____		Are you a Licensed Practical Nurse <input type="checkbox"/> No <input type="checkbox"/> Yes	
College/University Name or LPN School Name:			

Volunteer Work: Please list all of your volunteer work:

Will you receive: additional outside scholarship for the academic year 2013-14? No Yes

Or Veteran's benefits such as Chapter 33, 35, etc.? No Yes

Or Employer reimbursement for the year 2013? No Yes

Please list all sources:

Source:	Amount:
Source:	Amount:

Did you submit a completed 2013-2014 FAFSA on the web? No Yes

If Yes, list the date it was completed: _____

FAFSA on the phone: 1-800-433-3243 website: www.fafsa.gov

Official High School and College Transcripts from **ALL** schools attended were sent to DSON as part of my application for admission to Abington Memorial Hospital Dixon School of Nursing (DSON). DSON and the Women's Board Scholarship Committee have my permission to read these recommendations. Official Final Transcripts from **ALL** schools attended **MUST** be received to be eligible for Student Financial Aid.

Statement of Certification and Authorization: I certify that the information provided in this application for student financial aid is accurate and complete to the best of my knowledge. I authorize Abington Memorial Hospital Dixon School of Nursing to release to the Scholarship Selection Committee such information as is necessary including information submitted on my admissions application to process my application and pertinent to my receiving student financial aid from Abington Memorial Hospital Dixon School of Nursing. I am aware that the presentation of inaccurate information or falsification or omission of information will result in denial of aid by the Abington Memorial Hospital Dixon School of Nursing, and where State and Federal funds are involved, is a violation of the law and can result in my indictment under the State or U.S. Criminal Code. I am aware that the Abington Memorial Hospital Dixon School of Nursing and Women's Board Application is need based and renewal is required of all students annually.

I give permission for the AMH DSON Student Financial Aid Office to access my admissions application in regards to my essay, letters of recommendation and transcripts with the Scholarship Committee as well as but not limited to outside scholarship foundations and agencies.

Signature of Applicant

Date

Signature of Custodial Parent

(If student was born on or after January 1, 1989)

Date

In accordance with our literature and website, the school reserves the right to change its curriculum, education policies and expense at any time. Reasonable notice will be given and communicated to the student in writing.