AQUINAS COLLEGE

# OFFICE OF FINANCIAL AID

Application for Scholarships

**Instructions:** Please complete this form and return to the Office of Financial Aid by **February 15** for consideration for Aquinas College scholarships.

To be considered for other private, state and federal aid, applicants should also complete the Free Application for Federal Student Aid (FAFSA) on-line at **www.fafsa.ed.edu by February 15.** To ensure that the Office of Financial Aid receives a copy of your FAFSA Student Aid Report, please list Aquinas College as your first choice using **Code 003477**. All applications received are reviewed by the Aquinas College Scholarship Committee.

**NAME:** _____ **DATE OF BIRTH:** ____/____/____

First Middle Initial Last MM / DD / YYYY

**STATUS:** ❑ Current student ❑ First-time freshman ❑ Transfer ❑ Transient (enrolled elsewhere) ❑ Re-admittance ❑ Non-degree ❑ Audit (not for credit)

**PROGRAM OF STUDY**

- ❑ **Liberal Arts (B.A.)**
- ❑ **Business (B.B.A.)**
- ❑ **Teacher Education (B.S.)**
- ❑ **Nursing**
  - ❑ R.N.-B.S.N
  - ❑ A.S.N.
  - ❑ A.S.N. intent

**ENTRANCE TERM**

- ❑ Fall (August)
- ❑ Spring (January)
- ❑ Summer (May/June)

**ENTRANCE YEAR**

**20** _____

**STATEMENT**

Please write a brief essay describing yourself and why you should be considered for a scholarship. Attach a separate sheet if you require more space.

**For Office Use Only**

GPA:_____

ACT/SAT:_____

Cumlative Hours:_____

EFC:_____

Other:_____

**SIGNATURE**

❑ By checking this box and signing at right, I certify that all the information on this application is accurate and true.

X _____

Applicant signature Date

*Aquinas College is committed to fulfilling its mission without discrimination on the basis of race, ethnicity, national origin, religion, age, gender, disability, or veteran status.*