

Returning Student; Student ID #
New Student; Last Four Digits of Social Security #

Graduate & Professional Studies Student Financial Aid Application 2021–22

Personal Information: (Please print clearly.)		
Last Name	First Name	
Permanent Home Address		
City/State/Zip		Date of Birth / /
Endicott Email Address	Personal Email Addre	ess
Phone # ()		
Degree you are working toward?		
☐ Certificate ☐ Undergraduate ☐ Maste	er's 🗖 Doctorate Major	
Location of Classes:		
☐ Beverly Campus ☐ Boston Campus ☐ 0	Online	
☐ Offsite Location (please specify)		
Anticipated Number of Credits: (DO NOT LEA	IVE ANY SEMESTER BLANK . If no cre	edits, please enter 0. If you are unsure, please estimate.)
Summer 2021 Fall 2021	Spring 2022	
Special Circumstances: (Check one or both if ap	oplicable.)	
☐ Endicott Alumni ☐ Eligible to receive veter	rans/military educational benefits	
consent that the Office of Graduate & Professional S for financial aid purposes.	Studies Financial Aid may use the cor	ntact information above as needed
l understand that federal aid funds are based on seme will hold my account credit balance resulting from the		s I request a refund, Endicott College
Student Signature (PLEASE NOTE: WE CANNOT ACCE	EPT ELECTRONIC SIGNATURES)	Date

Please return this form via email, fax, or mail.

Email: All undergraduate, doctoral, MBA Fifth Year, sport leadership, and interior architecture programs: mburns@endicott.edu All other graduate programs: llugoisr@endicott.edu

Fax: 978-232-3000

Mail: Office of Graduate & Professional Studies Financial Aid

376 Hale Street | Beverly, MA 01915