

Returning Student; Student ID _____

New Student; Social Security # _____

Undergraduate Day Division Financial Aid Application 2019-2020

I. PERSONAL INFORMATION (Please print clearly):

Student Name: _____ Home Phone #: _____

Permanent Home Address: _____

City/State/Zip: _____

E-mail Address _____ Cell Phone #: _____

Parent #1 Name: _____ Parent # 2 Name _____

Address: _____ Address: _____

City/State/Zip _____ City/State/Zip _____

Cell #: _____ Work #: _____ Cell #: _____ Work #: _____

E-mail Address _____ E-mail Address _____

II. ANTICIPATED RESIDENCY: Resident Commuter with parent(s) Commuter in Apartment

III. ANTICIPATED ENROLLMENT: Full-time Part-time

IV. PLANNED ENROLLMENT SESSION(S) AND YEAR: Summer 2019 Fall 2019 Spring 2020

V. SPECIAL CIRCUMSTANCES Please review the statements below and check all that apply:

- My parent is a Guidance Counselor/Faculty Member at a secondary or postsecondary school.
- I will have one or more sibling(s) attending Endicott College concurrently:
Name of Sibling: _____ Year: _____
- I am eligible to receive Veteran's/Military Educational Benefits

I consent that the Financial Aid Office may use the contact information above as needed for financial aid purposes.

I understand that federal aid funds are based on semester enrollments. I agree that, unless I request a refund, Endicott College may hold on my account credit balances resulting from the receipt of federal aid funds.

Student Signature (PLEASE NOTE: We cannot accept electronic signatures)

Date

Priority Deadline Date

The priority deadline for full consideration of financial aid funds is **March 15th, 2019**. Applications are accepted after our priority date and throughout the year but are awarded on a funds-available basis.

PLEASE RETURN THIS FORM VIA MAIL, EMAIL OR FAX TO:
ENDICOTT COLLEGE FINANCIAL AID OFFICE
376 HALE STREET, BEVERLY MA 01915
E-MAIL: FINAID@ENDICOTT.EDU FAX: 978-232-2085