

Student Signature

Returning Student; Student ID #
New Student; Social Security #

Date

Graduate & Professional Studies Student Financial Aid Application 2020-2021

_ast Name:F	First Name :	
Permanent Home Address:		
City/State/Zip:		
Email Address		
Degree you are working towards?		
☐ Certificate ☐ Undergraduate ☐ Master's ☐ Doctorate	Major:	
Location of Classes:		
☐ Beverly Campus ☐ Beverly (Online Only) ☐ Boston Campus	☐ Boston (Online Only)	
□ Offsite Location (please specify)		
Anticipated Enrollment:		
☐ Full-time ☐ Part-time		
Special Circumstances: (Please review the statements below and check all that apply)		
☐ Endicott Alumni ☐ Eligible to receive veteran's/military education	onal benefits	
consent that the Office of Graduate & Professional Studies Financial Aid may use the contact information above as needed for financial aid purposes.		
understand that federal aid funds are based on semester enrollments. I agree that, unless I request a refund, Endicott College will hold my account credit balance resulting from the receipt of federal aid funds.		

Please return this form via mail, email, or fax to the appropriate location below:

Beverly/Online

Email: Graduate Students: gradfinaid@endicott.edu | Professional Studies: vlsfinaid@endicott.edu Fax: 978-232-3000 | Mail: Office of Graduate & Professional Studies Financial Aid | 376 Hale Street | Beverly, MA 01915

Boston

Email: bosfinaid@endicott.edu | Fax: 857-277-1329 Mail: Endicott College Boston | 200 Tremont Street | Boston, MA 02116