

**JOHNS HOPKINS UNIVERSITY  
SCHOOL OF NURSING  
Office of Student Financial Services  
525 N Wolfe Street, Room 127  
Baltimore, MD 21205  
410-955-9840 Phone 410-614-7087 Fax**

**2009–2010 STUDENT AID APPLICATION**

**Note: This application is valid for one academic year. Applicants must re-apply annually.**

\_\_\_\_\_  
Name (please print) XXX-XX-  
SS# (last 4 digits) Date of Birth

\_\_\_\_\_  
Permanent Mailing Address City State Zip Code

\_\_\_\_\_  
Home Telephone Daytime/Cell Telephone Email Address

U.S. Citizen / Permanent Resident?  Yes  No

\_\_\_\_\_  
Degree Program Program Entry Date Anticipated Graduation Date

Former Peace Corps Volunteer? (Yes / No)  If Yes, Dates Served: \_\_\_\_\_ to \_\_\_\_\_  
mm/dd/yy mm/dd/yy

**New Students: Please list all colleges or universities you have attended.**

Name of School (Complete name please)	Dates Attended (mm/yy to mm/yy)	Outstanding Balance of Federal Loans	Degree Earned
		\$	
		\$	
		\$	
		\$	

**Planned Enrollment Status: Using the information below, indicate number of credits for each term.**

*Note: Accelerated students must enroll full-time and are not required to complete this section.*

Credit Hours Full-Time Minimum		Credit Hours Half-Time Minimum
12	BSN	6
10	MSN	5
16	MSN/MPH	8
9	PhD	4
10	DNP	5

**SUMMER 2009** \_\_\_\_\_ credits **FALL 2009** \_\_\_\_\_ credits **SPRING 2010** \_\_\_\_\_ credits

*Aid eligibility will be determined only for terms when you are enrolled at least half time.*

**INDEPENDENT STUDENT: List all family members that you support.**

**DEPENDENT STUDENT: List all family members that your parents support:**

NAME	AGE	RELATIONSHIP	COLLEGE ATTENDING	TUITION	# PLANNED CREDITS	FINANCIAL AID

**Housing plans while enrolled at the School of Nursing:**

\_\_\_\_\_ With Parents/Relatives      \_\_\_\_\_ Own Home      \_\_\_\_\_ Apartment

**Information regarding income:**

***(Note: Dependent Students should enlist parents' assistance to complete the following sections.)***

Did/will the student file a federal income tax return for 2008? (Yes / No) \_\_\_\_\_

**If "No", Please complete the following:**

List amount(s) and source(s) of 2008 income and **attach all wage statements (W-2's)**. Include wages, interest and all other sources of income (exclude Federal Work-Study Earnings).

Amount	Source

**2008 Untaxed and Other Sources of Income** – Include the value of living expenses provided or paid for on your behalf by anyone other than yourself or your spouse, welfare benefits (exclude food stamps and subsidized housing), social security benefits, workers' compensation, child support received, housing, food and other living allowances paid to the military and clergy, and other money received or paid on your behalf.

Amount	Source	Amount	Source

**Information regarding assets (do not include the value of life insurance or retirement plans):**

	Student & Spouse	Parent(s) of Dependent Student
Cash -Savings/Checking	\$	\$
Investments -Stocks, Bonds	\$	\$
Home Equity	\$	\$
Business Market Value	\$	\$
Other Assets - Rental Property, Land, Vacation Home	\$	\$

**Other than funding from this application, list any veterans' education benefits, outside scholarships, grants or loans expected this academic year:**

Agency/Source \_\_\_\_\_ Amount \_\_\_\_\_

Agency/Source \_\_\_\_\_ Amount \_\_\_\_\_

**Do you expect to receive employee tuition benefits during this academic year? (Yes / No) \_\_\_\_\_**

Employer \_\_\_\_\_ Amount \$ \_\_\_\_\_ OR Percentage of tuition covered \_\_\_\_\_

\_\_\_\_\_ My employer will make payment directly to the school. \_\_\_\_\_ My employer will reimburse me directly.

**Please note any special circumstances which impact your ability to contribute to the cost of your education:**

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**Please review and initial the following checklist:**

\_\_\_\_\_ I authorize the Student Financial Services Office to communicate with me via email regarding my application status and the award of any financial aid.

\_\_\_\_\_ If selected for a private scholarship, I authorize the Student Financial Services Office to release appropriate academic and biographical information if required by the donor.

\_\_\_\_\_ I have attached a **signed** copy of my/my spouse's and, if dependent, my parents' 2008 federal tax return(s).  
**(Including all pages, schedules and wage statements –W2 forms.)**

\_\_\_\_\_ I have completed the 2009-2010 Free Application for Federal Student Aid (FAFSA) online using the JHU School of Nursing's school code, **E00476**.

\_\_\_\_\_ I understand that my financial record will be retained with the utmost confidentiality in accordance with the Federal Education Rights and Privacy Act. As such, I authorize the Student Financial Services Office to discuss the status of my application and awards with the following person(s):

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

\_\_\_\_\_ I certify that the information provided on this application is true and complete. I agree to notify the Student Financial Services Office of any changes.

**Student Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Dependent Student's Parent Signature** \_\_\_\_\_ **Date** \_\_\_\_\_