

Financial Aid Certification

Dr. Allison Rose

Memorial Fund

A 501(c)(3) nonprofit organization

This form is required for nursing students to apply for funding through the Allison Rose Memorial Fund scholarship program. The information the school of nursing provides is strictly confidential and only used to verify cost of attendance.

Student Name: _____

Student Signature to release information: _____

To be completed by Financial Aid Administrator Only

Please provide us with the most current information available at the school of nursing. If the student has not yet been admitted, please provide estimates for the program they are applying to. Please return the completed and signed form to the student, who will upload it with their scholarship application.

Total Annual Cost of Attendance (per semester, full-time) \$ _____

For which academic year? _____

Tuition / Fees \$ _____

Books \$ _____

Room & Board \$ _____

Other \$ _____

1. Has the student completed a FAFSA form? ☐ Yes ☐ No

2. Student Aid Index (SAI) from FAFSA _____

3. Student ID # _____

4. Cumulative GPA (for current students, 4.0 scale) _____

5. Tuition payment due dates (to ensure timely disbursement):

Fall: _____ Spring: _____ Summer (if applicable): _____

6. Is the student a U.S. citizen or eligible non-citizen (per FAFSA)? ☐ Yes ☐ No

FAA Name _____

Title _____

E-Mail _____

Phone / Ext # _____

School _____

Signature _____

Date _____

If this student is awarded a scholarship, checks are sent to the financial aid or bursar's office for deposit in the student's tuition account. Please indicate the mailing address where the check is to be mailed:

Send to attention of: _____

Mailing Address _____

City _____

State _____

Zip _____

Thank you for completing this form!

applications@allisonrosememorialfund.org

Dr. Allison Rose Memorial Fund - <https://allisonrosememorialfund.org>