



ENDICOTT
COLLEGE

- New Student
 Returning Student; Student ID# _____

**Graduate & Professional Studies
Student Financial Aid Application 2024-2025
(Summer 2024/Fall 2024/Spring 2025)**

Personal Information: (Please print clearly)

Last Name _____ First Name _____

Address _____ City _____ State _____

Phone# _____ Endicott Email Address _____

Degree you are working toward:

Certificate Master's Doctorate Major _____

Anticipated Number of Credits: If you are unsure of the number of credits you are taking, please contact your advisor or estimate as best you can. PLEASE NOTE: **Fall semester INCLUDES Winter Intersession (January) classes.**

Summer 2024 (June – August) # of Credits: _____ (If NOT taking any credits, PLEASE ENTER 0 - DO NOT LEAVE BLANK)

Fall 2024 (September – January) # of Credits: _____ (If NOT taking any credits, PLEASE ENTER 0 - DO NOT LEAVE BLANK)

Spring 2025 (February – May) # of Credits: _____ (If NOT taking any credits, PLEASE ENTER 0 - DO NOT LEAVE BLANK)

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

Email: lugoisr@endicott.edu

Fax: 978-232-3000

Mail: Office of Graduate & Professional Studies Financial Aid
376 Hale Street
Beverly, MA 01915