2013-2014
ENDICOTT COLLEGE
FINANCIAL AID APPLICATION

Undergraduate Day Division

I. PERSONAL INFORMATION (Please print clearly):

Student Name: _____Home Phone #: _____
Permanent Home Address: _____
City/State/Zip: _____
E-mail Address _____Cell Phone #: _____

Mother's Name: _____ Father's 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 parents
- ❑ Apartment

ANTICIPATED ENROLLMENT:

- ❑ Full-time
- ❑ Part-time

III. 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 family members attending Endicott College concurrently.
- ❑ I am a child/relative of an alum of Endicott College
  Name:_____ Year:_____ Relation:_____
- ❑ I am eligible to receive Veteran's/Military Educational Benefits

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.

Are you a new student to Endicott College for 2013-2014?

Yes or No

_____
Social Security #

_____ _____
Student Signature Date Returning Student –Endicott ID #

Priority Deadline Date

The priority deadline for full consideration of financial aid funds is **March 15th, 2013.** Applications are accepted after our priority date and throughout the year but are awarded on a funds available basis.

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