

Financial Aid Award
for
International Students

This scholarship application must be submitted by May 1.

I hereby certify that all of the information reported on this application is true and accurate to the best of my knowledge. I give permission for release of this information, including academic and financial status, to the organization's Scholarship Selection Committee. If results of the FAFSA are required, I authorize the Office of Student Financial Aid to release my expected family contribution (EFC) to the committee.

I authorize St. Joseph's College of Nursing to release personally identifiable information from my education record to outside entities for scholarship selection, to scholarship donors and/or for publicity purposes regarding the awarding of a scholarship. This could include items such as my class, and GPA.

Student Signature _____ *Date* _____

Print Name _____

Non-Discriminatory Policy

St. Joseph's College of Nursing at St. Joseph's Hospital Health Center does not discriminate in the administration of educational policies or programs, admission policies, scholarship and loan programs, and other school-administered programs. The College's non-discrimination policy is inclusive of, but not limited to, race, age, color, national or ethnic origin, marital status, gender, sexual orientation, gender identity, gender expression, veteran/military status, religion, disability, or political ideology.

ST. JOSEPH'S COLLEGE OF NURSING
AT ST. JOSEPH'S HOSPITAL HEALTH CENTER

**Financial Aid Award
for
International Students**

Name _____

Address _____

Phone: (H) _____ (Cell) _____ (W) _____

Please submit this form and the following:

Proof of non-resident alien on a non-immigrant visa not eligible to receive Title IV assistance

Proof of eligibility for Financial Assistance (You must contact Financial Aid Coordinator for documentation).