

Student Financial Services

617-735-9938 // 617-735-9939 fax financialservices@emmanuel.edu

2025-2026 Emmanuel College Application for Financial Aid for Graduate & Professional Programs

Please return this completed application to: Office of Student Financial Services, Emmanuel College, 400 The Fenway, Boston, MA 02115, via fax at 617-735-9939, or contact us for information on how to securely upload it to EC Online Services. For questions regarding this form, please contact us at 617-735-9938 or financialservices@emmanuel.edu.

Types of Financial Aid

When applying for financial aid, most students will qualify for a Federal Direct Loan to assist with his or her costs to attend Emmanuel College. Students enrolled in the undergraduate program who demonstrate a significant amount of financial need may also qualify for the Federal Pell Grant and MA State Grant programs. To learn more about the different types of financial aid, please visit our website at www.emmanuel.edu/gpp-paymentoptions

Eligibility Requirements

To be considered for financial aid, you must:

- Be officially accepted into a program of study at Emmanuel College by the Office of Graduate & Professional Programs.
- Be enrolled at least half-time (six credits for undergraduate, three credits for graduate students) for most forms of financial aid.
- Be a citizen, national, or permanent resident of the United States or its trust territories.
- Be free from default status on any previous federal student loan or aid refund obligation.
- Maintain Satisfactory Academic Progress.

Application Requirements

For financial aid purposes, the 2025-2026 academic year begins with the Summer 2025 courses and concludes with the Spring 2026 courses. The following are required to complete your application for financial aid:

- 2025-2026 Emmanuel College Application for Financial Aid for Graduate & Professional Programs (this form).
- 2025-2026 Free Application for Federal Student Aid (FAFSA) This application may be completed online at <u>fafsa.ed.gov</u>. (You will need your StudentAid.gov login credentials to electronically sign this application. If you do not have a StudentAid.gov account, you can create one at https://studentaid.gov/). Emmanuel College's Federal School Code is **002147**.
- Additional documentation as requested.

1. Student Information

Last Name		First Name		Middle Initial	
Address		City	State	Zip Code	
Date of Birth		Social Security number			
Home Telephone Number		Cell Telephone Number	Work ⁻	Telephone Number	
Email Address Citizenship status:	US Citizen	Eligible Non-Citizen (Alien Registration N	umber:)	
Program Accepta To be eligible for fe	deral or state fina	ncial aid, you must be officially accepted into a g lave you been admitted into your program of str	raduate level degre	e or certificate	
□Yes □	No				

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3.	Program Enrollment					
	Which program are you enrolled/enrolling in:					
	RN - BSN MSN ME	BA MEd Other Graduate progra	am			
			(specify)			
	When do you expect to complete/gra	aduate from this program?/_	,			
		Month / Y	ear			
4.	•					
		our enrollment status. Please check off belo	<i>'</i>			
	· · · · · · · · · · · · · · · · · · ·	eligible for most types of financial aid you e credits for graduate students) each seme	-			
	Summer 2025	Fall 2025	Spring 2026			
	Session 1 Session 2	Session 1 Session 2	Session 1 Session 2			
	1 course 1 course	1 course 1 course	1 course 1 course			
	2 courses 2 courses	2 courses 2 courses	2 courses 2 courses			
	3 courses 3 courses	3 courses 3 courses	3 courses 3 courses			
	4 courses 4 courses	4 courses 4 courses	4 courses 4 courses			
	No courses No courses	No courses No courses	No courses No courses			
	If your actual enrollment status changes t	from the estimate provided above, please c	ontact the Office of Student Financial			
	Services as your eligibility for financial aid	•	ontact the office of ottache i manda.			
	, ,	, 0				
5.	Outside Sources of Aid					
	Report below all expected outside source	es of financial assistance you will receiving d	luring the 2025-2026 academic year:			
	Veteran's benefits					
	Amount per month: \$ Number of months during the 2025-2026 academic year :					
	Tuition reimbursement from em	employer				
	Employer's name:		Amount per year \$			
	Any other resources, benefits or	benefits or scholarships				
	Name of source:	Amount per year: \$				
	_	Tuition Scholarship – check the appropriate box below if you are a:				
	Boston Public School Employee	Blue Cross Blue Shield Employee	American Nursing Assoc. Member			
	Catholic School Employee	City Year Corps, Staff or Alumni	Mass. Nursing Assoc. Member			
	Boston Children's Hospital Emplo		New England Human Resource			
	Catholic Hospital Employee	Clergy of any Religious Order	Assoc. Member			
_	Contification of Accounts					
6.	•	ation and all submitted supporting documer	station is true and complete to the best of			
	I attest that the information in this application and all submitted supporting documentation is true and complete to the best of my knowledge. I know that I am required to notify Emmanuel College if I receive other scholarships, grants or tuition assistance					
		understand that changes to my enrollment				
	financial assistance. I further understand my financial aid award is estimated until all requested documentation is submitted					
	and the verification of my application data	is completed.				
	Student's signature:	Deter				
	Jiuueni Sagnature.	Date:				

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