

Grad School Aid Application

Berea College offers additional assistance for students who are pursuing a Graduate degree. Prior to applying for funding students must be admitted to a program and enrolled as a full-time student. The assistance offered is an interest bearing loan with a maximum of \$6000 per academic year- dependent on need. Students interested in applying for funding towards Graduate School must fill out the application and follow the steps outlined below:

1. Fill out application
 - a. Be detailed in budget section, please attach additional sheet if necessary.
2. Attach the following components:
 - a. Full-time enrollment form
 - b. Copy of Financial Aid award letter for the academic year
 - c. Current grade transcript (if this is your first year, exempt)
3. Submit the documents via USPS, email, or fax to:
 - a. Berea College CPO 2172, Berea, KY 40404
 - b. blaneys@berea.edu
 - c. Fax: 859-985-3914
4. Counselor will review application and email student with additional requests
 - a. Personal Data Sheet (provided via email)
 - b. Additional documentation for budget provided
 - c. Rights and Responsibilities for loan
 - d. Promissory Note
 - e. W- 9 from institution
5. Once application is completed, counselor will have the Director of Financial Aid review it
6. Check will be made out to the institution and can take up to two weeks to process before mailing.
7. If not approved by Director, counselor returns to student for further documentation and request is reviewed once again.

Additional Criteria*

Funding is not for a second bachelor's degree.

Summer loans are not provided unless the coursework is **REQUIRED** for the degree and specified in curriculum.

If the institution has different terms compared to the traditional Fall and Spring semesters, please include a breakdown of the terms or modules in addition to your institutions policy regarding full-time enrollment.

Graduate School Aid Application

Name: _____ Berea ID#: _____

Current address: _____ Phone: _____

Permanent address: _____ Phone: _____

Permanent email address _____

Name of graduate school/university: _____

Financial aid office address: _____

City, State, Zip Code: _____

Financial aid office phone number: (_____) _____

Date when funds are needed: _____ Year in graduate school: 1 2 3 4 Other _____

Educational purpose(s) for aid: _____

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 The following budget covers enrollment period from _____ to _____

<u>Estimated Expenses</u>	<u>Amount</u>	<u>Estimated Income</u>	<u>Amount</u>
Tuition and Fees	_____	Savings	_____
Meal Plan/Food	_____	Earnings	_____
Room/Rent & Utilities	_____	Gifts	_____
Books/Supplies	_____	Loans	_____
Transportation (gas, insurance)	_____	Scholarships/Grants	_____
Personal (laundry, clothing, etc.)	_____	Other _____	_____
Other _____	_____	Other _____	_____
Total Expenses	\$ _____	Total Income	\$ _____

Amount Needed: _____

I agree to use the funds for the educational purpose(s) outlined above. Enclosed are proof of full-time enrollment in graduate, dental, or medical school, a copy of my financial aid award letter for the current academic year, and a current grade transcript showing achievement in my graduate studies if applicable.

Applicant's signature _____ Grad Schl ID# _____ Date _____

MAIL ALL ITEMS TO: Berea College, Student Financial Aid Services, CPO 2172, Berea, KY 40404 or

email to blaneys@berea.edu

For Office Use Only

Approved: ___ Signature: _____ Amount: \$ _____

Denied: ___ Signature: _____ Comments: _____