

FISHER COLLEGE

Office of Financial Aid 118 Beacon St. MA 02116 Phone: 617-236-8821

Fax: 617-670-4440

Email: financialaid@fisher.edu Web: www.fisher.edu/financial-aid

Financial Aid Enrollment Information Worksheet 2019-2020

In order for the Financial Aid Office to complete your financial aid award for the **2019-2020 Academic Year**, you will need to complete the **Financial Aid Enrollment Information Worksheet**, provide your original signature, and send to: Fisher College, Financial Aid Office 118 Beacon Street, Boston, MA 02116, or fax to 617-670-4440 or scan the form as a PDF attachment and email to financialaid@fisher.edu.

| Student Name: | Fisher ID# | | | | |
|---|--------------------------------|---------------|-------------|---|-----------------|
| (Please Pri | nt Clearly) | | | | |
| Please indicate the number of credits you plan to take in <u>each</u> term and if you would like to utilize financial aid, or not, for each Module. If you <u>do not</u> plan on taking credits during particular Term, please indicate 0 or N/A. Do not leave any sections blank, or the form will be considered incomplete, and will delay the processing of your Financial Aid. Student must be enrolled in at least 6 credits, per Module, in order to receive Federal Stafford Loans. Please keep a copy of this form for your records, as this estimate impacts your eligibility for financial aid. | | | | | |
| Fall Modules 2019 | | | | | |
| September Term: | 9/3/2019 – 10/26/2019 | # of cre | edits | | |
| | | | | (Each course is approximate at a cost of approximate) | · 1 |
| November Term: | 10/28/2019 - 12/21/2019 | # of cre | edits | | , , =,=== |
| I would like to receive Financial Aid for this Module (circle one): | | | e): Yes | No | |
| Spring Modules 2020 | | | | | |
| January Term: | 1/21/2020 – 3/14/2020 | # of cre | edits | | |
| | | | | (Each course is approximate at a cost of approximate) | · |
| March Term: | 3/16/2020 – 5/9/2020 | # of cre | edits | at a cost of approximates | y \$1,200 each) |
| I would like to receive Financial Aid for this Module (circle one): | | | e): Yes | No | |
| Summer Modules 2020 | 0 | | | | |
| May Term: | 5/11/2020 – 7/4/2020 | # of cre | edits | | |
| , | | | | (Each course is approximate | · |
| July Term: | 7/6/2020 – 8/29/2020 | # of cre | edits | at a cost of approximately \$1,280 each) | |
| I would like to receive | Financial Aid for this Modul | e (circle one | e): Yes | No | |
| Primary Site Where You | Receive Services (circle one): | Brockton | New Bedford | North Attleboro | Online |
| By signing this statement, I understand that I <u>must</u> notify the Financial Aid Office if my enrollment changes as it may impact my eligibility for financial aid, and that I am responsible for any charges which are not covered by my financial aid. | | | | | |
| Student Signature: Date: | | | | | |