

**FLORIDA COASTAL SCHOOL OF LAW  
2018/2019 FINANCIAL AID APPLICATION**

Name \_\_\_\_\_  
Last First MI Maiden Social Security Number

Address \_\_\_\_\_  
Street Apt # City State Zip

Telephone Number \_\_\_\_\_ E-mail Address \_\_\_\_\_

- Will you be a: \_\_\_ New Student  
\_\_\_ Continuing Student  
\_\_\_ Transfer Student  
\_\_\_ Fast Track  
\_\_\_ JD/MBA or/\_\_\_JD/MPP  
\_\_\_ Returning Student from Inactive Status

Anticipated Date of Graduation: \_\_\_\_\_Month \_\_\_\_\_Yr.

**Please indicate the NUMBER of hours you plan to enroll for each semester:**

Fall and Spring Full time is 13-16 hours; Part time is 9-12 hours; Half time is 7-8 hours

Summer Full time is 7-8 hours; Part time is 5-6 hours; Half time is 4 hours

All intersession hours are not part of the regular semester and there will be an additional cost

\_\_\_\_\_Summer 2018      \_\_\_\_\_Summer 2018 Intersession  
\_\_\_\_\_Fall 2018      \_\_\_\_\_Fall 2018 Intersession  
\_\_\_\_\_Spring 2019      \_\_\_\_\_Spring 2019 Intersession

**PLEASE NOTE:** You must be enrolled at least **7 credit hours per semester (4 credit hours for Summer)** to be considered for financial aid. Any break in enrollment must be reported to the Financial Aid Office and may affect your loan.

Will you receive funding for school other than Federal Stafford or Grad PLUS Loans?

\_\_\_ Yes \_\_\_ No Do **NOT** include private loans.

\_\_\_ Tuition Reimbursement from Employer: \$ \_\_\_\_\_ (circle one) per class, semester, year

\_\_\_ FCSL Institutional Scholarship: \$ \_\_\_\_\_ (circle one) per semester, per year

\_\_\_ Other-name of program \_\_\_\_\_ \$ \_\_\_\_\_ (circle one) per class, semester, year

I understand that I am required to comply with the academic progress requirements of Florida Coastal School of Law set forth in the Student Handbook. Failure to do so will result in the loss of eligibility to receive financial assistance during future terms of enrollment.

I certify that all information on this form is complete and accurate. I understand that I am responsible for all necessary forms needed by the Financial Aid Office, and that if a form is filled out incorrectly, I will be required to submit another form. If necessary information is missing from my file, my eligibility for financial aid cannot be determined.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date