



Returning Student; Student ID# \_\_\_\_\_

New Student; Social Security # \_\_\_\_\_

**Van Loan School Financial Aid Application 2018-2019**

**I. PERSONAL INFORMATION** (Please print clearly):

Student Full Name: \_\_\_\_\_

Permanent Home Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

E-mail Address \_\_\_\_\_ Phone#: \_\_\_\_\_

**II. DEGREE YOU ARE WORKING TOWARDS:**

Certificate     Undergraduate     Master's     Doctorate    Major: \_\_\_\_\_

**III. LOCATION OF CLASSES:**

Beverly Campus     Beverly (Online Only)     Boston Campus     Boston (Online Only)  
 Offsite Location (please specify) \_\_\_\_\_

**IV. ANTICIPATED ENROLLMENT:**

Full-time     Part-time

**V. SPECIAL CIRCUMSTANCES:** (Please review the statements below and check all that apply)

Endicott Alumni     Eligible to receive Veteran's/Military Educational Benefits

**I understand that federal aid funds are based on semester enrollments. I agree that, unless I request a refund, Endicott College will hold my account credit balance resulting from the receipt of federal aid funds.**

\_\_\_\_\_  
Student Signature (PLEASE NOTE: WE CANNOT ACCEPT ELECTRONIC SIGNATURES)

\_\_\_\_\_  
Date

Please return this form via mail, email, or fax to the appropriate location below:

**BEVERLY CAMPUS:**

Email: [ylsfinaid@endicott.edu](mailto:ylsfinaid@endicott.edu) | Fax: 978-232-3000

Mail: Van Loan School at Endicott College | 376 Hale Street | Beverly, MA 01915

**BOSTON CAMPUS:**

Email: [bosfinaid@endicott.edu](mailto:bosfinaid@endicott.edu) | Fax: 857-277-1329

Mail: Endicott College Boston | 200 Tremont Street | Boston, MA 02116

**Undergraduate Students ONLY: Priority Deadline Date for MASSGrant is May 1st**