

READING HOSPITAL SCHOOL OF HEALTH SCIENCES

FOR NURSING AND MEDICAL IMAGING PROGRAM STUDENTS ONLY

Name: _____
(please print)

1. Financial Aid Plans:

- I do **NOT** plan to apply for any Financial Aid (grants or student loans).
- I **ONLY** want to apply for grants.
- I want to apply for all Financial Aid applicable (**Be sure to read thoroughly all the steps and instructions included in the Admissions Acceptance packet.**)

TO DO Checklist:

FAFSA Completed Date: _____

Master Promissory Note (MPN) Completed Date: _____

Entrance Counseling Completed Date: _____

2. Potential Transfer Credits:

Please list below all coursework you are taking prior to starting the program and the school you are taking them at. Admissions will also be sending you a form to fill out.

Please return this form to the Financial Aid Office when completed (and page 13 of the Admissions Acceptance packet, if applicable). You may use the enclosed financial aid business reply envelope or send it with your post-acceptance material in the admissions office business reply envelope.

Thank you!
The Financial Aid Office