

# READING HOSPITAL SCHOOL OF HEALTH SCIENCES **FOR NURSING AND MEDICAL IMAGING PROGRAM STUDENTS ONLY**

Name: \_\_\_\_\_

## 1. Financial Aid Plans:

- I do **NOT** plan to apply for Financial Aid.
- I want to apply for all Financial Aid applicable (Be sure to read thoroughly all the steps and instructions included in the Financial Aid Information packet)

### TO DO Checklist:

2020/21 FAFSA Completed Date: \_\_\_\_\_

Master Promissory Note (MPN) Completed Date: \_\_\_\_\_

Entrance Counseling Completed Date: \_\_\_\_\_

## 2. Potential Transfer Credits:

Please list below what additional courses you may be transferring into the program.

---

---

## 3. Where will you live while attending RHSHS? (check one)

- With parents.
- On campus.
- Off campus.

**Please return this form to the Financial Aid Office when completed.**

Thank you!  
The Financial Aid Office