

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:

2021/22 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 RSHHS? (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