



Second Degree Accelerated Bachelor of Science in Nursing Financial Aid Application

This form requests information to meet federal and institutional regulations for financial assistance. It will be used to check the accuracy of the information provided on your FAFSA. You **must** submit this form before your financial assistance can be awarded.

Section 1: Personal Information

Name: _____ Student ID #: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Date of Birth: _____ Email Address: _____

Home Phone: _____ Cell/Other Phone: _____ Work Phone: _____

Section 2: Application and Enrollment Status

A. Application Status:

Have you completed the 2024-2025 **AND** 2025-2026 Free Application for Federal Student Aid (FAFSA)?

☐ Yes

☐ No: **you must complete the 2024-2025 AND 2025-2026 FAFSA - SHU's school code is 001403.**

B. Enrollment Status:

Are you attending another college/university while attending Sacred Heart? ☐ Yes ☐ No

If yes, please note that as a matriculated SHU student you cannot take classes and/or receive federal aid at another institution without written University permission.

C. Housing Status:

☐ Off-Campus

☐ Living with Parents

D. Number of Credits:

Based upon this program the following outlines anticipated course work per term. Please note, you will only receive financial aid for the number of credits listed.

Semester	Number of Credits
Summer I & Summer II	11
Fall AHEAD term 1, AHEAD term II & Winter B	18
Spring AHEAD term III, AHEAD term IV & May Intensive	17
Summer I & Summer II	12
Total:	58

***If your enrollment plans change for any reason, you must notify the Office of Student Financial Assistance immediately. Students MUST be enrolled for a minimum of 6 credits in any semester/term for which they seek financial aid per federal regulation.**



Section 3: Statement of Understanding

Please note that in order to be eligible to receive financial assistance a student MUST:

- Be accepted and attend SHU on at least a half-time basis (6 credits per term) in an undergraduate degree program
- Not be in default on a federal student loan
- Not owe a refund on a federal student grant/loan
- Be a U.S. citizen or eligible non-citizen
- Maintain satisfactory academic progress (minimum cumulative GPA of 2.0 or above).

I understand that any form of federal financial assistance is based on demonstrated financial need. Need is determined by the cost of my educational program, which is based on the number of credits I enroll in each term, less the Student Aid Index (SAI) and any other form of financial assistance (i.e. employer reimbursement, private scholarships).

I understand that if there is a change in my enrollment plans from what I have certified in Section II of this form, I must notify the Office of Student Financial Assistance and that my financial aid award may be revised.

If information received during the process of Verification changes the result of my student aid index, a revision and/or cancellation of my award may occur.

If my award includes a Federal Direct Loan I understand I must contact my servicer, in writing, within ten (10) days if I change my name, address, telephone number, graduation date, or enrollment status and/or withdraw from the University.

I understand that in order to continue to receive federal financial assistance I must maintain satisfactory academic progress. If I am placed on academic probation or dismissed from the University, my award will be cancelled for subsequent semesters.

I certify that I have read and understand the above requirements and that all the information on this form is true and correct to the best of my knowledge.

Student Signature: _____ **Date:** _____

This document may be submitted to the Office of Student Financial Assistance ONLY via [SHUAwards](#) (Menu > Documents & Messages > Upload it now!), secure fax, mail, or in-person as it contains personally identifiable information.

5151 Park Avenue, Fairfield, CT 06825 203-371-7980 (phone) 203-365-7608 (secure fax)