INSTRUCTIONS:

PLEASE READ THIS:

The following instructions are to assist you in the procedures for sending this fillable form back to Trinity College of Nursing & Health Sciences.

- Fill the form with your information
- Click on "Save As" button on bottom of form so you don't lose yourinformation
- Save completed form to your desktop or someplace convenient on yourcomputer
- Attach saved form to an email and send to: Travis.Lopez@trinitycollegeqc.edu

Thank you,

Travis Lopez

Financial Aid Specialist

Trinity College of Nursing & Health Sciences
UnityPoint Health

Institutional Financial Aid Questionnaire 2016-17

Dependent Student

Complete ALL information on this questionnaire. Incomplete information will be returned to the student. All information on this form is being collected to award financial aid in an equitable manner consistent with federal and state regulations.

Students Information

Name: _____ Social Security # _____
Last First MI

Date of Birth: _____/_____/_____ Are You a U.S. Citizen? YES _____ NO _____

Are you an employee of Unity Point Systems or any of its affiliates? YES ____ NO _____

Permanent Address:

Address: _____
_____
Home Phone: _____
Cell Phone: _____ Email Address: _____

Local Address (If this address is the same as above, write "SAME")

Address: _____
_____
Phone : _____ Cell Phone _____ Email _____

If your address changes, please notify the Student Services Office

Parent's Information (Please provide information about the parents/step parent listed on your FAFSA)

Education Information

Name _____
First Name Last Name
Address: _____
_____
Phone: _____ Driver's License # ***(if requested by FA rep***_____
Birthdate: _____ Social Security # - ***(if requested by FA rep***)_____
Marital Status at time of FAFSA completion: Married ____ Separated ____ Divorced ____
Widowed ____ Single ____

Trinity College of Nursing & Health Sciences
UnityPoint Health

Education

Program you are pursuing: ASN ____ RAD ____ RESP ____ BSN-A ____ BSN-B ____
BSN-C ____ BSHS____ MSN _____

Have you ever attended a Trinity College of Nursing program before? YES ____ NO ____

List all post secondary institutions you have attended other than Trinity College of Nursing and the dates of attendance below and any Degrees you have received.

Name of Institution	From mo/yr	To mo/yr	Degree received

Family Information

List the people whom your parents supported between July 1, 2015 and Jun 30, 2016. Include:

- **Yourself**
- **Your parents**
- **Your parents dependent children (if they will receive more than half of their support from your parents or if they would be required to provide parental information when applying for Federal Student Aid)**

Include other people only if they:

- Received more than half their support from your parents at the time you completed your application, **AND**
- Will continue to get this support between July 1, 2016 and Jun 30, 2017.
-

Full Name	Age	Relationship	Attending College Y/N ?	COLLEGE (if half-time attendance or more)
		SELF	**Y**	**Trinity College**
		PARENT	**N/A**	

Other *Expected* Financial Aid

SCHOLARSHIPS

Name _____

Summer $ _____Fall $_____Spring $_____

Name _____

Summer$ _____Fall $_____Spring $_____

VETERANS BENEFITS

Type_____

Special Circumstances

If you believe there are unusual circumstances that are out of your control (eg, loss of job) and should be considered in evaluating your eligibility for Financial Aid, please briefly describe your circumstances below and attach a letter and any documentation that supports your request. Please note, your letter should describe the situation and also how it is affecting you financially.

_____

_____

Certification

FINANCIAL AID INFORMATION RELEASE

The information on this questionnaire is true and complete to the best of my knowledge. I understand my information is confidential. I would like to give Trinity College of Nursing & Health Sciences permission to release my financial aid/billing to the following:

_____
Release Information to: name(s) and relationship

_____
Student Signature Date
(Your typed name constitutes a signature to this document)