CNR Wisdom for life.
The College of New Rochelle

The College of New Rochelle
Financial Aid Information Form

Last Name **First Name** **Middle**

Social Security Number **Date of Birth** **E-Mail Address**

Permanent Address **CNR Mailbox**

Home Phone **Business Phone** **Cell Phone**

Spouse's Social Security Number (if applicable) **Date of Birth**

Indicate the School and Program in which you are enrolled:

Arts and Sciences_____

Traditional Undergraduate Nursing _____Second Degree Undergraduate Nursing_____
RN to BSN Undergraduate Nursing _____ Masters in Nursing _____
Nursing Off Site Campus Name _____

Graduate School on Campus _____ Off Campus Site Name_____

School of New Resources _____ Campus _____

Anticipated Graduation Date _____

Anticipated Number of Credits: Summer 2013_____ Fall 2013 _____
Spring 2014 _____

Housing Arrangements for the academic year?
_____College Residence Hall
_____With Parents
_____Other

Have you or do you expect to be awarded scholarship, grants or loans from an agency or group other than The College of New Rochelle?

Name of the Scholarship, Grant or Loan **Amount**

How many credits have you earned at CNR? Add to this all the credits which have been transferred from another college and accepted by CNR.

_____0-26 _____27-57 _____58-87 _____ 88 or more credits

- **I understand that the responsibility of applying for and receiving financial aid is solely mine. The College cannot be held liable for any variance in award amounts or application completion. Students must follow-up on their financial aid to ensure that it is received and properly credited to their account at the College. Any financial aid not received will be the student's responsibility.**

- **I understand that financial aid applications and records are subject to College, Federal and State audits. Therefore, all my financial aid applications and all documentation may be reviewed by auditors.**

- **I will inform the Financial Aid Office of any changes that may affect my eligibility for financial aid.**

- **I fully understand that the College has the responsibility to cancel all financial aid if any irregularities are found or if there is conflicting information on my financial aid application.**

- **I understand that I must make satisfactory academic progress as defined by CNR to maintain eligibility for financial aid.**

- **I understand that an award of College Work-Study or Campus Employment guarantees only an offer of employment and that my availability, skills and preferences may not guarantee employment.**

- **I understand that if I withdraw my financial aid eligibility will be re-evaluated as determined by Federal and State regulations. I also understand that if my financial aid is decreased that I am responsible for any unpaid tuition and fees.**

- **I understand that I must be enrolled and attending classes in order to receive any cost of living checks.**

- **I understand that if I charge any expenses or receive a bookstore voucher that my financial aid can be used towards those charges.**

Signature **Date**

Please contact your campus Financial Aid Office if you have any questions

Main Campus SAS/SON/GRS

914) 654-5434 (914) 654-5449 (914) 654-5466

SNR Financial Aid Offices
Brooklyn FAO (718) 638-6853 or 6831
Co-Op FAO (718) 320-6230
DC-37 FAO (212) 654-5731
New Rochelle FAO (914)654-5538
Rosa Parks FAO (212)662-6326
JOC FAO (718) 665-1310 or 6624

The College of New Rochelle, 29 Castle Place, New Rochelle, NY 10805