

2021-2022 ADDITIONAL ASSISTANCE APPLICATION

You are requesting additional grant or scholarship assistance due to having an outstanding balance for the 2021-2022 academic year. While funds are not guaranteed, you will be notified of your eligibility within 7 to ten days of submission of this application. THIS APPLICATION WILL ONLY BE ACCEPTED VIA YOUR STUDENT, COPPIN STATE EMAIL.

Name		EagleLinks ID #	
Last	First	MI	
Home Address			
City:	State:		Zip
Telephone:	Date of Birth		_
Major:		GPA:	
Enrollment Status (check one)	_Full Time StudentP	art-Time Student	
Expected Graduation Semester:			
Semester for which you are applyi	ng: Fall 2021 Sprir	ng 2022	
Major:			
State reasons you believe you shou	uld be awarded late addition	al aid:	
I understand that submitting this a scholarship is contingent on fundir I hereby certify to the best of my k accurate and true.	ng availability, your financi	al need and satisfa	ctory academic progress.
Student Signature:			
Eligible: Yes No I	f no, reason:		

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Awarded:	Amount:	Term/Year:
COMMENTS:		