



College in High School Program

**FINANCIAL AID APPLICATION DUE NO LATER THAN
February 14, 2020**

- There will be NO extensions
- The CHS instructor must scan and email this document to the email address at the end of this application.

**College in High School Student Financial Aid Application
Spring Semester 2020**

This is an application for financial need-based requests for tuition assistance. While participation in the free/reduced lunch program is not required, if you qualify for the program, your school will need to confirm your eligibility in a letter included with your application materials.

- Complete both pages of this form and return it to your teacher. Your teacher will email it to Seton Hill University. Incomplete applications will not be considered.
- Applications are considered on a first-come, first-served basis. SHU's College in High School program makes no guarantee of aid.
- If granted, financial assistance of \$125 will be deducted from the tuition amount. Therefore, the student will be responsible for \$100 per course.
- In any single academic year, students may apply for tuition assistance for no more than two CHS courses.
- The student is responsible for the cost of tuition not covered by this assistance.
- Notification of assistance status will be made promptly.

APPLICANT INFORMATION (Please PRINT clearly)

Last Name	First Name	Middle Name
Permanent Address: Street number	Street Name	Apt. Number
City	State	Zip Code
Preferred Telephone Number	Preferred Email Address	Date of Birth
	@	/ /

High School: _____

CHS Instructor(s): _____

College in High School Course(s)

SHU Course Name	SHU Course Number	Credit Hours
(example) <i>Topics in Literature</i>	SEL 151	3

Student Statement:

Briefly describe your educational goals, your intended field of study, and any other information you would like us to consider.

Eligibility and Documentation:

(Parent/guardian or instructor: CHECK either A or B)

A	B
<input type="checkbox"/> Student qualifies for free or reduced lunch . Please attach a letter from your school on school letterhead stating that the student qualifies.	<input type="checkbox"/> Student does not qualify for free or reduced lunch but would like to be considered for <u>need-based assistance</u> due to the circumstances described below. <i>(please check those that apply)</i> <input type="checkbox"/> Recent loss/reduction in income <input type="checkbox"/> Unreimbursed medical expenses <input type="checkbox"/> Unreimbursed disability assistance expenses <input type="checkbox"/> Death in family

Parent/Guardian or Instructor Certification:

I certify that all the information provided in this application is true and correct.

If required, I have attached evidence of my eligibility for free/reduced lunch to this application.

Parent/Guardian or Instructor Signature: _____ Date: _____

Student Certification:

I certify that all the information provided in this application is true and correct. I hereby give permission to officials at my high school to give Seton Hill University's College in High School program all pertinent information to verify this completed tuition assistance application.

Student Signature: _____ Date: _____

CHS INSTRUCTORS: Scan and email this completed form and school letter (for free or reduced-lunch qualifying students) to krother@setonhill.edu by February 14, 2020.