



Office of Student Financial Services
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VT 05439
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E-mail: finaid@smcvt.edu

2020-2021 Graduate Student Financial Aid Application

Student Name: _____ SMC ID# _____

Expected program completion date (month/year): _____

Please note:

- You must complete the 2020-2021 FAFSA online at **fafsa.gov** to be considered for financial aid. The FAFSA school code for Saint Michael's College is 003694.
- Financial aid award information will be sent to your **SMC e-mail address** only. For assistance in setting up your SMC e-mail account, contact the IT Help Desk by e-mailing ithelp@smcvt.edu or calling 802-654-2020.
- Eligibility for federal student loans requires enrollment in at least 6 credits each term in a degree program.

Anticipated Enrollment: Please indicate the number of credits in which you plan to enroll at Saint Michael's College:

Fall 2020: _____ Spring 2021: _____

All awards are based on the number of credits you indicated on your application. Discrepancy in the number of credits between your application and actual enrollment will prevent loan disbursement.

****Contact Student Financial Services promptly if your enrollment plans change****

Are any of these courses contract courses taught offsite and/or at a reduced rate of tuition? YES NO

If yes, please list the contract courses in which you expect to enroll: _____

Program Information

Please indicate your program admission/enrollment status:

I have applied for admission to an SMC graduate program but have not yet been admitted. Date applied: _____

I have been admitted to an SMC graduate program. Date admitted: _____

Please indicate your graduate program:

M.Ed. Clinical Psychology TESOL MAT

Please note, students enrolled in the Teacher Licensure program are not eligible for financial aid unless simultaneously enrolled in and pursuing a Master's in Education degree.

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Other financial assistance:

Will you receive reimbursement from your employer or any other scholarships or tuition discounts? YES NO

If yes, please list the source and the dollar amount of scholarships/assistance you expect to receive each semester:

Fall 2020: _____

Spring 2021: _____

Summer 2021: _____

Certification:

I certify that the information above, information reported on my FAFSA and on any other submission in connection with this application for aid is true, complete and correct. I will promptly notify Student Financial Services if any information reported above, including my expected enrollment, changes. I understand that any false statements or changes – including changes in my enrollment status - could be cause for denial, reduction, withdrawal or repayment of financial aid. I further understand that the information provided above will be used to determine my eligibility for financial aid and that additional action may be required to finalize any aid I wish to accept.

I authorize Saint Michael's College or any other organization from which I have sought financial aid to exchange and share any information I have provided on or in connection with my application for financial aid and information about any other financial aid awarded to me.

Please print and sign before submitting. We CANNOT accept digital signatures.

Student Signature

Date

Graduate PLUS Loan Credit Check Authorization

If you wish to borrow a Federal Graduate PLUS Loan, please provide your credit check authorization below.

Graduate PLUS Loan Consent to Obtain Credit Report

I consent to the U.S. Department of Education and its agents obtaining a report of my credit record and using the information from that report in determining whether to make a PLUS Loan to me. I understand that I will be notified in writing of the results of the credit check with respect to my loan application.

Student Signature

Date