

## **Berea College Graduate School Aid Application**

Berea College offers additional assistance for students who are pursuing a Graduate degree. Before applying for funding, students must be admitted to a program and enrolled full-time. The assistance offered is an interest-bearing loan with a maximum of \$6000 per academic year- dependent on need. Students interested in applying for funding for Graduate School must fill out the application and follow the steps outlined below:

1. Fill out application
  - a. Be detailed in the budget section, and please attach an additional sheet if necessary.
2. Attach the following components:
  - a. Full-time enrollment form
  - b. Copy of Financial Aid award letter for the academic year
  - c. Current transcript (if this is your first year, exempt)
3. Submit the documents via USPS or email:
  - a. Berea College CPO 2172, Berea, KY 40404
  - b. [robbinsd@berea.edu](mailto:robbinsd@berea.edu)
4. A counselor will review the application and email the student with additional requests:
  - a. Personal Data Sheet (provided via email)
  - b. Additional documentation for the budget provided
  - c. Rights and Responsibilities for the loan
  - d. Promissory Note
  - e. Substitute W- 9 from the institution
5. Once all documents are submitted, the Director of Financial Aid will review the application.
6. A check will be made out to the institution and can take up to two weeks to process before mailing.
7. If the Director does not approve the application, the counselor requests additional documentation from the applicant. The application is resubmitted for approval.

### **Additional Criteria\***

Funding is not for a second bachelor's degree.

Summer loans are not provided unless the coursework is **REQUIRED** for the degree and specified in the curriculum.

If the institution has different terms than the traditional Fall and Spring semesters, please include a breakdown of the terms or modules in addition to your institution's policy regarding full-time enrollment.

# Graduate School Aid Application

Name: \_\_\_\_\_ Berea ID#: \_\_\_\_\_

Current address: \_\_\_\_\_ Phone: \_\_\_\_\_

Permanent address: \_\_\_\_\_ Phone: \_\_\_\_\_

Permanent email address \_\_\_\_\_

Name of graduate school/university: \_\_\_\_\_

Financial aid office address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Financial aid office phone number: (\_\_\_\_\_) \_\_\_\_\_

Date when funds are needed: \_\_\_\_\_ Year in graduate school: 1 2 3 4 Other \_\_\_\_\_

Educational purpose(s) for aid: \_\_\_\_\_

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 The following budget covers enrollment period from \_\_\_\_\_ to \_\_\_\_\_

<u>Estimated Expenses</u>	<u>Amount</u>	<u>Estimated Income</u>	<u>Amount</u>
Tuition and Fees	_____	Savings	_____
Meal Plan/Food	_____	Earnings	_____
Room/Rent & Utilities	_____	Gifts	_____
Books/Supplies	_____	Loans	_____
Transportation (gas, insurance)	_____	Scholarships/Grants	_____
Personal (laundry, clothing, etc.)	_____	Other _____	_____
Other _____	_____	Other _____	_____
<b>Total Expenses</b>	<b>\$ _____</b>	<b>Total Income</b>	<b>\$ _____</b>

Amount Needed: \_\_\_\_\_

I agree to use the funds for the educational purpose(s) outlined above. Enclosed are proof of full-time enrollment in graduate, dental, or medical school, a copy of my financial aid award letter for the current academic year, and a current grade transcript showing achievement in my graduate studies, if applicable.

Applicant's signature \_\_\_\_\_ Grad Schl ID# \_\_\_\_\_ Date \_\_\_\_\_

**SUBMIT ALL ITEMS TO: Berea College, Student Financial Aid Services, CPO 2172, Berea, KY 40404 or email to [robbinsd@berea.edu](mailto:robbinsd@berea.edu)**

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### For Office Use Only

Approved: \_\_\_\_ Signature: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Denied: \_\_\_\_ Signature: \_\_\_\_\_ Comments: \_\_\_\_\_