



Office of Scholarships and Financial Assistance

Graduate Program Financial Assistance Application

Name: _____

Hollins ID Number: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____

Do you expect tuition reimbursement/remission from your employer? Yes No

If so, how much: \$ _____

Program (check one):

- MAT I MAT II MALS CAS DANCE PLAYWRITING SCREENWRITING & FILM
 CREATIVE WRITING CHILDREN'S LITERATURE CERTIFICATE IN CHILDREN'S BOOK ILLUSTRATION

Enrollment Plans: (credit hours only)

Summer _____ (year) _____ (hours) Fall _____ (year) _____ (hours)
Short Term _____ (year) _____ (hours) Spring _____ (year) _____ (hours)

MAT Programs Only: (student teaching hours)

Fall _____ (year) _____ (hours) Spring _____ (year) _____ (hours)

Note: Your award is based on your planned credit hours enrolled. We cannot prepare your award without this exact information. Your award will change if you add/drop hours at a later date.

Previous colleges attended (name, city, state): _____ Dates attended: _____

Before we can disburse aid to your account, we must have a signed Terms and Conditions form and a signed award letter. In addition, for loans there are additional forms required, such as a FAFSA and other loan documents. If you have questions, please do not hesitate to contact us.