



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 MALS MA Teaching & Learning
 CAS DANCE PLAYWRITING SCREENWRITING
 TEACHER LICENSURE ONLY CREATIVE WRITING CHILDREN'S LITERATURE
 CHILDREN'S BOOK WRITING AND ILLUSTRATING CERTIFICATE IN CHILDREN'S BOOK ILLUSTRATION
 CERTIFICATE IN NEW PLAY DIRECTING CERTIFICATE IN NEW PLAY PERFORMANCE

Enrollment Plans: (credit hours only)

Summer _____ (year) _____ (hours) Fall _____ (year) _____ (hours)

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

MAT and Licensure Only Programs: (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. For student 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.