

Farmingdale State College

State University of New York

NURSING FEE FINANCIAL HARDSHIP WAIVER APPLICATION

Students must submit the Nursing Fee Financial Hardship Waiver Application every semester, for the specific applicable course fee(s), for consideration. Students with demonstrated financial hardship may qualify for a hardship waiver to be applied to all or part of the fee(s).

For additional information, please see the Nursing Fee Financial Hardship Waiver Policy.

Students may only apply for one waiver per course.

A student must meet ALL of the following criteria to be considered:

- Currently a Farmingdale State College student matriculated into a Nursing program of study in which the course is required for completion of the program
- Eligible to receive federal and/or state financial aid
- Applied for federal and/or state financial aid and accepted all financial aid for which they qualify (not including the federal Parent PLUS loan)
- Exceeded or exhausted all financial aid
- Total qualified educational expenses (tuition, fees, housing and food, and other expenses related to the Cost of Attendance) are greater than their financial aid package (state and federal supplemental grants, or other scholarships)
- Grants, scholarships, and other waivers/exemptions received by the student must be less than the total cost of attendance

Applications must be received by the end of the add/drop period of the term. Applications for previous terms will not be considered.

Student Name: _____

RAM ID: _____ Student's FSC Email: _____

Term: _____

Check the course(s) that have associated fee(s) for which you are requesting a waiver:

- | | | |
|--------------------------|----------|---|
| <input type="checkbox"/> | NUR 100 | Health Assessment |
| <input type="checkbox"/> | NUR 114L | Clinical & Theoretical Foundation |
| <input type="checkbox"/> | NUR 217H | Care Indv/w Acute Health Hosp |
| <input type="checkbox"/> | NUR 307H | Nursing Care of Child & Family – Obstetrics Nursing |
| <input type="checkbox"/> | NUR 307H | Care of Child & Family – Pediatrics Care Indvls |
| <input type="checkbox"/> | NUR 308H | Chronic Health |
| <input type="checkbox"/> | NUR 402H | Community & Mental Health Nursing – Psychiatric |
| <input type="checkbox"/> | NUR 402H | Community & Mental Health Nursing – Community |
| <input type="checkbox"/> | NUR 405 | Nursing Prac: Special Topics |

Are you currently a matriculated Farmingdale State College student? Yes No

Accepted Program of Study: _____

Has your Federal financial aid been applied to your account? Yes No

Has your New York State aid been applied to your account? Yes No

Reason for Appeal:

Student Signature: _____

Date: _____

Nursing Department:

Name: _____

Approved: Denied:

Date: _____

Financial Aid:

Name: _____

Meets financial aid requirements: Yes No

Administration and Finance:

Name: _____

Approved: Denied:

Date: _____

Student Accounts:

Waiver posted: _____