



NORTHEAST MARITIME INSTITUTE COLLEGE OF MARITIME SCIENCE REQUEST FOR FINANCIAL ASSISTANCE

I am a new applicant to the College of Maritime Science and I am requesting financial assistance from Northeast Maritime Institute to help cover the costs of my tuition, books and fees.

Name: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____ Telephone: _____

Date my application package was submitted: _____

Date of Expected Enrollment (Month/Year): _____ I am already enrolled

I acknowledge that in order for my request to be reviewed and considered, I must attach my Student Aid Report (SAR) with Expected Family Contribution from the FAFSA website <https://studentaid.ed.gov/sa/fafsa>.

Date _____ Student Signature _____

This form and any attachments should be submitted to: finaid@northeastmaritime.com

Financial Aid Office Only:

Received Date: _____ Reviewed Date: _____ Reviewer Initials: _____

Student Aid Letter issued: _____ FAO Initials : _____

Student Acknowledgment of Aid received: _____