

**FIRELANDS REGIONAL MEDICAL CENTER SCHOOL OF NURSING  
INSTITUTIONAL FINANCIAL AID APPLICATION  
2018-2019**

Name \_\_\_\_\_ Date \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
 SS# \_\_\_\_\_ Phone # \_\_\_\_\_ Marital Status \_\_\_\_\_ Birthdate \_\_\_\_\_

**Date you submitted your FAFSA online** \_\_\_\_\_.

Check below where you plan to reside during the academic year.

Off campus (not with parents) \_\_\_\_\_ With parents \_\_\_\_\_

Are you 26 years of age or older? Yes \_\_\_\_\_ No \_\_\_\_\_

Were both you and your parents born in the United States? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you have a bachelor's degree? Yes \_\_\_\_\_ No \_\_\_\_\_

**List below any outside scholarships or employee tuition reimbursement that you have received or anticipate receiving for the 2018-2019 academic year.**

Name of Award or Reimbursement	Amount

**Please return to:**

Firelands Regional Medical Center  
 School of Nursing – Financial Aid  
 1912 Hayes Ave.  
 Sandusky, OH 44870

If you have any questions, please call or e-mail me.

Barbara Reitz  
 Financial Coordinator  
 419-557-7121  
 Reitzba@firelands.com