FranklinPierce

GRADUATE SCHOLARSHIP ASSISTANCE

2007-2008

Student's Name: _____

Graduate Program/Anticipated Degree: _____

Campus: _____

Term	Anticipated Enrollment (credits)	*SFS Use Only Calculated scholarship*
Grad Term 4 (07)		$
Grad Term 1 (07)		$
Grad Term 2 (08)		$
Grad Term 3 (08)		$
		SFS TOTAL: $

Enrollment requirements for participation in the Graduate Assistant program must be equal to or greater than full time enrollment status (6+ credits) for a minimum of three Graduate terms. Enrollment verification will take place at the start of each Graduate term to ensure that appropriate scholarship awards are disbursed.

Student Signature _____ Date: _____

Supervisor Signature: _____ Date: _____

The student must submit this completed form to the Office of Student Financial Services

prior to the start of the first term of attendance.

Approved ___   Not Approved ___

Director of Student Financial Services _____ Date: _____

SFS Reconciliation:

Total Credit Hrs. _____ $ _____