



COPPIN STATE UNIVERSITY

Private Donor Award Program Recertification Form

Make changes or corrections to contact information here:

Estimated Award Offer: \$2,000.00

_____ I accept the award offer for fall **2010** from the Private Donor Award Program.

_____ I will **not** be returning for the fall **2010** semester. (Please return this form.)

Please complete the information below

A. Academic Progress

- Term GPA (as of **spring 2010**): _____ Cumulative GPA: _____

B. Registration

- Have you pre-registered for the fall **2010** semester? _____ Yes _____ No
- If yes, how many credits are you attempting? _____
- If no, how many credits will you attempt? _____ You must be registered before you can be considered for an award.

C. Financial Need

- Have you completed FASFA for fall 2010? _____ Yes _____ No
- If no, please indicate why. _____
- Please estimate your financial need based on tuition, fees, room, board, and books for the fall **2010** semester. **This amount should not include balances or charges from a previous semester.**
\$ _____

Student ID #: _____

Email Address: _____ Phone: _____

Major: _____

Classification: _____ FR _____ SO _____ JR _____ SR _____ GR

Signature: _____ Date: _____