



**2020/21
ADDITIONAL ASSISTANCE
APPLICATION**

You are requesting additional grant or scholarship assistance due to having an outstanding balance for the 2020/21 academic year. While funds are not guaranteed, you will be notified of your eligibility within 7 to ten days of submission of this application. **THIS APPLICATION WILL ONLY BE ACCEPTED VIA YOUR STUDENT, COPPIN STATE EMAIL.**

Name _____ EagleLinks ID # _____
Last First MI

Home Address _____

City: _____ State: _____ Zip _____

Telephone: _____ Date of Birth _____

Major: _____ Expected Graduation: _____ GPA: _____

Enrollment Status (check one): () Full Time () Part-Time () Transfer

Semester for which you are applying: Fall 2020 _____ Spring 2021 _____

State reasons you believe you should be awarded late additional aid: _____

I understand that submitting this application does not guarantee a scholarship. Receiving this scholarship is contingent on funding availability, your financial need and satisfactory academic progress. I hereby certify to the best of my knowledge all information provided in this scholarship application is accurate and true.

Student Signature: _____ Date _____

Eligible: Yes _____ No _____ If no, reason: _____
Awarded: _____ Amount: _____ Term/Year: _____
COMMENTS:

RECEIVED VIA COPPIN EMAIL _____