



**STUDENT ECONOMIC FINANCIAL HARDSHIP ASSISTANCE APPLICATION**

This application is a request for additional financial assistance for outstanding account balance(s) for the current academic year. While funds are not guaranteed, you will be notified of your eligibility within 7 to 10 days of submission of this application.

**PLEASE FORWARD COMPLETED APPLICATION TO: [bursar@coppin.edu](mailto:bursar@coppin.edu)**

Name \_\_\_\_\_ CSU ID # \_\_\_\_\_  
Last First MI

Home Address \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Primary Contact No : \_\_\_\_\_ Major: \_\_\_\_\_

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

Academic Career: Undergraduate \_\_\_\_\_ Graduate \_\_\_\_\_ Doctoral \_\_\_\_\_

If you are an Undergraduate student, please provide your classification: \_\_\_\_\_

Semester for which you are applying for assistance: Fall \_\_\_\_\_ Spring \_\_\_\_\_  
or please specify \_\_\_\_\_

Amount Requested \$ \_\_\_\_\_

Briefly explain the reason you are seeking financial support:

Is this hardship the result of the Covid-19 pandemic: Yes \_\_\_\_\_ No \_\_\_\_\_

I understand that submitting this application does not guarantee financial support. Funds are based on availability and financial need. I hereby certify to the best of my knowledge all information provided in this application is accurate and true.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**For Administration Office Use Only:**

Approved: Yes \_\_\_\_\_ No \_\_\_\_\_ If no, reason: \_\_\_\_\_

Awarded Amount: \_\_\_\_\_ Fall \_\_\_\_\_ Spring \_\_\_\_\_

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COMMENTS: