

OFFICE OF THE CONTROLLER

2500 West North Ave., Baltimore, MD 21216 Phone (410) 951-3677 | Fax (410) 951-3678

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

Primary Contact No: Major: Enrollment Status (check one): Full Time Part-Time Academic Career: Undergraduate Graduate If you are an Undergraduate student, please provide your classification seems are applying for assistance: Fall Sor please specify Amount Requested \$ Briefly explain the reason you are seeking financial support: I understand that submitting this application does not guarantee financial support. Furthereby certify to the best of my knowledge all information provided in this application.	Zip:
City: State: Major: Enrollment Status (check one): Full Time Part-Time Academic Career: Undergraduate Graduate If you are an Undergraduate student, please provide your classification of the seeking financial support: Semester for which you are applying for assistance: Fall Sor please specify Amount Requested \$ Briefly explain the reason you are seeking financial support: It this hardship the result of the Covid-19 pandemic: Yes It understand that submitting this application does not guarantee financial support. Furthereby certify to the best of my knowledge all information provided in this application of the covid-19 pandemic in this application provided in this application of the covid-19 pandemic in the covid-19 pandem	
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