



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. **You may only receive one Hardship award for the academic year Fall 2025-Spring 2026.**

PLEASE FORWARD COMPLETED APPLICATION TO: financialhardship@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: _____

Are you a financial aid recipient? Yes No

Semester for which you are applying for assistance: Fall _____ Spring _____
or please specify (Summer/Winter) _____

Amount Requested \$ _____

Briefly explain your financial hardship and provide documentation to support your statement.

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: _____