



FINANCIAL AID MEETING CONFIRMATION

Practical Nursing Program

Financial Aid NTCC School Code: 006756

Student Name (Print): \_\_\_\_\_

Student LoLA #: \_\_\_\_\_

Campus to which student is applying for the PN Program: \_\_\_\_\_

This is to confirm that the student has met with Financial Aid and understands the next steps in regards to payment for classes.

1. FAFSA Received: YES/NO (If no, provide student with payment deadline/purge date and payment plan info if applicable)

2. Award Amount(s): \_\_\_\_\_

3. SAP Status: \_\_\_\_\_

Date of Meeting: \_\_\_\_\_

Financial Aid Counselor Name: \_\_\_\_\_

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Student Signature

Date

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Financial Aid Signature

Date