

Cox Health Auxiliary Financial Aid Application

RETURN THIS COMPLETED APPLICATION TO:

Cox College
Financial Aid Office
1423 North Jefferson
Springfield, Missouri 65802

Name: _____

Address: _____
Street City State Zip Code

High School: _____ Graduation Date: ____/____/____ GPA: _____

College(s) Attended: _____ GPA: _____

Volunteer Service: _____

I have been accepted to Cox College's ASN program and will begin nursing courses: ____/____/____.

**** Please attach a separate sheet(s) to include information about your background and your desire to enter the nursing profession (Financial Aid, Family Obligations, People Skills, and Interests).***

RELEASE:

I have applied for financial aid: YES NO

I give permission to the Financial Aid Office at Cox College to release my financial aid information, award letter, transcript, schedule and/or other directory information as needed for consideration to Cox Auxiliary. I also understand that Cox Auxiliary will not pay for any repeated courses.

I understand that acceptance of this financial aid assistance requires a three-year commitment to Cox Health.

Signature

____/____/____
Date

APPLICATION DEADLINES:

Feb 16th, 2010