

Office of Scholarships and Financial Assistance

Graduate Program Financial Assistance Application

Name:						
Hollins ID Number:						
Address:						
City:		State:		Zip:		
Telephone:						
Do you expect tuiti	on reimburseme	nt/remission fror	n your employer	? □ Yes □ No		
If so, how much: \$_						
Program (check on	e): 🗆 MAT 🔝 I	MALS 🗆 MA Te	eaching & Learnin	ng		
□ CAS □ DANC	E 🗆 PLAYWRITI	NG 🗆 THEATRE	AND NEW PLAY	DEVELOPMENT		
☐ SCREENWRITING	G □ TEACHER LI	CENSURE ONLY	☐ CREATIVE WF	RITING CHILDR	REN'S LITERAT	URE
☐ CHILDREN'S BOO	OK WRITING AND	ILLUSTRATING	☐ CERTIFICATE	IN CHILDREN'S BC	OK ILLUSTRA	OIT
☐ CERTIFICATE IN	NEW PLAY DIREC	TING 🗆 CERTIFIC	CATE IN NEW PLA	AY DRAMATURGY		
☐ CERTIFICATE IN	NEW PLAY PERFC	RMANCE				
Enrollment Plans:	(credit hours only	<i>'</i>)				
Summer	(year)	(hours)	Fall	(year)	(hours)	
Short Term	(year)	(hours)	Spring	(yea	r)(h	ours
MAT and Licensure	Only Programs:	(student teachir	ng hours)			
Fall	(year)	(hours)	Spring	(year)	(hc	ours)
Note: Your award without this exact	-	•		• •	•	
Previous colleges attended (name, city, state):			Dates attended:			

Before we can disburse aid to your account, we must have a signed Terms and Conditions form and a signed award letter. For student loans there are additional forms required such as a FAFSA and other loan documents. If you have questions, please do not hesitate to contact us.