

# HERZING<sup>®</sup>

— UNIVERSITY —

## Herzing University Completion Grant Application

Student Name: \_\_\_\_\_

Student ID: \_\_\_\_\_

Program: \_\_\_\_\_

Graduation Date: \_\_\_\_\_

In the space provided below, please explain your situation and why you are applying for the Herzing University Completion Grant. If you can pay any portion of your balance out of pocket, please include the amount in your statement.

By signing below I acknowledge that I have tried to secure funding to cover my balance owed to the University in my final academic year prior to graduation, but I have no other options for covering my balance at this time. I understand that I am only eligible to receive the Herzing University Completion Grant one time and that if I do not graduate as expected, or if any changes are made to my schedule, my eligibility for this grant may be reduced or eliminated.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

<b>For Office Use Only:</b>	
Scholarship Amount:	\$ _____
Term Code:	_____
<input type="checkbox"/> Approved <input type="checkbox"/> Denied Comments: _____	

\_\_\_\_\_  
Director of Financial Aid Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Campus President Signature

\_\_\_\_\_  
Date