

2019-2020 Application for the Health Professions Student Loan For Pharmacy Students at Ohio Northern University

Name	Student ID:						
Email	:	Student's Telephone Number:					
Pleas	se circle your classification:	P1	P2	P3	P4		
availa possib finance on the cases be account be	ealth Professions Student Loan ble to eligible students in the hole by the Department of Health cial aid programs such as Direct Free Application for Federal Southers the parents refuse to procepted in lieu of the required infections are considered for HPSL funds, und submit a copy of their death of	nealth and Loans tuden ovide ormat nless	profe Huma s). HHS t Aid (l incon ion. A the pa	ssions n Ser S requ FAFS ne info	s to help prices (not the living that part that part all stormation, are the living that the l	pay for their cost of edu the Department of Educ arent income and asset tudents. This requireme an affidavit documenting bes not provide parental	ucation. HPSL is made cation like most Federal information be reported nt cannot be waived. In g such a refusal cannot income information will
1.	File the 2019-2020 Free Application for Federal Student Aid (FAFSA) to the Federal Processor with all of your parents' information.						
2.	Submit this completed Application to the Office of Financial Aid.						
3.	Submit the 2019-20 Verification Worksheet and complete required documentation (see Verification Instructions).						
4.	Information on how to sign the e-mail.	e requ	iired P	romis	sory Note	for this loan will be sent	through your ONU
	the information that I am submit osely give false or misleading ir						
Stude	nt's signature						Date
Paren	t's signature						Date

Return completed forms to: The Office of Financial Aid, 525 South Main Street, Ada, OH 45810