



Winter 2020 Application

Student Info

Last	First	ID#
<input type="text"/>	<input type="text"/>	<input type="text"/>
TCNJ E-mail	# of credits or units for Winter 2020	On or Off Campus
<input type="text"/>	<input type="text"/>	<input type="text"/>
Study Abroad	If yes the Country/Program	
<input type="text"/>	<input type="text"/>	
Comments		
<input style="height: 80px;" type="text"/>		

Financial Aid Application Review

Date App Rec'd	FAFSA Rec'd Y or N	Matriculated Y or N	Fin Aid Status Complete or Incomplete
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Fall 19 Registration	plus	Winter 2020 Registration	equals
<input type="text"/>		<input type="text"/>	<input type="text"/>
On campus or Off campus			
FCR20	Y or N	EOF Promise Student	Y or N <i>(If yes forward to JP)</i>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
OSFA Staff Initials	<input type="text"/>	Date Reviewed	<input type="text"/>

EOF Promise Review

Fall 19 Bookstore Amount	<input type="text"/>	Health Insurance	Y or N
Promise Year	1 or 2		
<input type="text"/>	<input type="text"/>		
OSFA Staff Initials	<input type="text"/>	Date Reviewed	<input type="text"/>

Award Eligibility Review

Current/Annual/Direct Loan Amount	<input type="text"/>
Subsidized	<input type="text"/>
Unsubsidized	<input type="text"/>

Credit Contingent Loan

Lender Name _____

Loan Amount _____

OSFA Staff Initials _____ Date Reviewed _____

Award Eligibility Review

Current/Annual/Direct Loan Amount _____

Subsidized _____

Unsubsidized _____

Credit Contingent Loan

Lender Name _____

Loan Amount _____

OSFA Staff Initials _____ Date Reviewed _____

Budget Processing

Winter 2020 Cost _____ Budget _____

Budget Type (Check one) Extended Fall 19 or Winter 2020

OSFA Staff Initials _____ Date Reviewed _____

Awarding / Disbursements / Disbursement Holds

Award _____ Disbursement Period Fall or Winter

Subsidized _____ Disbursement Hold Y or N

Unsubsidized _____ Disbursement Hold Y or N

Credit Contingent _____ Disbursement Hold Y or N

OSFA Staff Initials _____ Date Reviewed _____

Communication

Email Required Y or N

Email(s)

1. Not/Reg Winter

3. Maxed Direct loans

5. Non-Matriculated

2. Fall / Wn LHT

4. No FAFSA on File

OSFA Staff/ Student Worker Initials _____ Date Email sent and FA Comment updated