



# CAPITAL AREA SCHOOL OF PRACTICAL NURSING



## 2017-2018 FINANCIAL AID AWARD NOTIFICATION

|  |                   |                              |                             |  |  |
|--|-------------------|------------------------------|-----------------------------|--|--|
| <b>NAME/ADDRESS</b><br>SAMPLE AWARD LETTER | <b>Class:</b> 121 | <b>Start Date:</b> 8/22/2017 | <b>Grad Date:</b> 6/22/2018 | <b>Social Security Number:</b><br>XXX-XX-XXXX    | <b>EFC: THIS IS WHAT DETERMINES THE AMOUNT OF GRANT ASSISTANCE YOU MAY RECEIVE</b> |
|  |                   |                              |                             | <b>Expected Family Contribution (EFC)</b> \$0.00 |  |

**Dependency Status:**  
DEPENDENT-W/PARENTS

**THIS EFFECTS THE TYPE AND AMOUNT OF FEDERAL LOAN ASSISTANCE YOU MAY RECEIVE**

### ESTIMATED FINANCIAL AID AWARDS - 2017-2018 FAFSA

Please be advised that the figures listed as award dollars are estimates. Actual amount paid may vary.

| STUDENT NAME  | Est. Disbursement Dates | 1st & 2nd Term Disb. |               |
|---|-------------------------|----------------------|---------------|
|   |                         | Totals               | Totals        |
| <b>Estimated Grant Awards</b>                           |                         |                      |               |
| STATE OF IL MAP GRANT (FAFSA)                           | 09/8/2017               | \$0.00               | \$0.00        |
| WIOA  | 2/6/2018                | \$0.00               | \$0.00        |
| FEDERAL PELL GRANT (FAFSA)                              |                         | \$0.00               | \$0.00        |
| Other grant/scholarship                                 |                         | \$0.00               | \$0.00        |
|   |                         | <b>\$0.00</b>        | <b>\$0.00</b> |
| <b>Estimated Federal Student Loans</b>                  |                         |                      |               |
| Subsidized Federal Direct Student Loan (FDSL) (FAFSA)   | 10/4/2017               | \$0.00               | \$0.00        |
| Unsubsidized Federal Direct Student Loan (FDSL) (FAFSA) | 2/6/2017                | \$0.00               | \$0.00        |
| Parent Plus Loan  |                         | \$0.00               | \$0.00        |
|   |                         | <b>\$0.00</b>        | <b>\$0.00</b> |
| <b>Private Student Loans</b>                            |                         |                      |               |
|   | 10/4/2017               | \$0.00               | \$0.00        |
|   | 2/6/2017                | \$0.00               | \$0.00        |
| <b>TOTAL FINANCIAL AID (EST.)</b>                       |                         | <b>\$0.00</b>        | <b>\$0.00</b> |

If there is an "S" next to your MAP award amount, this means your MAP grant has been put into "suspense" by the Illinois Student Assistance Commission due to your initial FAFSA filing date being after they have run out of funding for this grant.

IF THIS NUMBER IS A POSITIVE NUMBER, THAT IS THE AMOUNT YOU WILL OWE OUT OF POCKET. IF THIS NUMBER IS A NEGATIVE (-), THAT IS THE AMOUNT YOU WILL RECEIVE TO GO TOWARD YOUR COST OF LIVING ALLOWANCE EXPENSES.

In accordance with federal regulations, these amounts will be applied to your account to satisfy CASPN charges before being disbursed to you for non-institutional expenses.

### ESTIMATED UNMET NEED (INSTITUTIONAL EXPENSES - ESTIMATED FINANCIAL AID AWARDS)

|                                 | 1st term          | 2nd Term          | 1st & 2nd Term Totals |
|---------------------------------|-------------------|-------------------|-----------------------|
| CASPN EXPENSES                  | \$7,545.00        | \$6,150.00        | \$13,695.00           |
| ESTIMATED FINANCIAL AID AWARDED | \$0.00            | \$0.00            | \$0.00                |
| <b>**UNMET NEED</b>             | <b>\$7,545.00</b> | <b>\$6,150.00</b> | <b>\$13,695.00</b>    |

\*\* The total amount of aid awarded CANNOT exceed the Total Cost of Attendance (see page 1).

### QUALIFIED TO FOR WAIVER OF PRE-PAYMENT FOR THE FOLLOWING EXPENSES:

\$500 TUITION DEPOSIT: \_\_\_\_\_ BOOKS: \_\_\_\_\_ UNIFORMS: \_\_\_\_\_

- I accept all financial aid offered.
- I accept grants offered, but decline loans.
- I accept grants offered, but wish to accept only specified amount of loans.
- I decline all financial aid offered.

\$ \_\_\_\_\_

### ACCEPTANCE:

By signing below you are accepting the financial aid package above and you authorize the institution to originate federal grants and loans on your behalf. You further authorize the institution to apply your federal aid disbursements to your account for institutional charges including tuition, fees, books, supplies, equipment, tools, and other educationally related expenses.

Student Signature: \_\_\_\_\_  
SIGN, DATE AND RETURN THIS FORM BY: 3/23/2017

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

Financial Aid Office, Capital Area School of Practical Nursing, 2201 Toronto Road, Springfield, IL 62712-3803  
Please be aware that in light of state funding constraints, reductions to estimated or actual MAP grants are possible

### ILLINOIS MAP GRANT DISCLOSURES

By applying for financial aid and agreeing to share that information with the Illinois Student Assistance Commission (ISAC) you have been considered for the State of Illinois (IL) Monetary Award Program (MAP) Grant. All MAP-approved institutions are required by the State of Illinois to announce MAP Grant awards to students who are enrolled or intending to enroll at their institution. An award amount is included on this letter if you have met the eligibility criteria. The MAP Grant award amount is an estimate made by the financial aid office and is identified as a "State of IL MAP Grant (Est)." Please be aware that the number of available MAP Grants is limited by funding levels approved by the Illinois General Assembly and the Governor, and reductions to estimated or actual MAP Grants are possible. There are also limitations to how long you can continue to receive a MAP Grant. Usage is tracked by the number of credit hours for which you've received MAP benefits and is referred to as MAP Paid Credit Hours (MPCHs). The maximum number of MPCHs that can be received is 135, and you must be at the junior level or above to use more than 75 MPCHs. For your reference, and to learn more about MPCH limitations, you may access a record of



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### EXPENSES FOR LPN PROGRAM

| SAMPLE AWARD LETTER                         | 8/22/2017~1/29/2018 | 1/31/2018~6/22/2018 | 3/9/2017           |
|---|---------------------|---------------------|--------------------|
| <u>LPN PROGRAM (INSTITUTIONAL EXPENSES)</u> | <u>1ST TERM</u>     | <u>2ND TERM</u>     | <u>TOTAL</u>       |
| TUITION                                     | \$5,500.00          | \$5,500.00          | \$11,000.00        |
| DIAGNOSTIC TESTING                          | \$550.00            | \$550.00            | \$1,100.00         |
| LIABILITY INSURANCE                         | \$35.00             |                     | \$35.00            |
| COPY FEE (100 copies)                       | \$15.00             |                     | \$15.00            |
| TECHNOLOGY FEE                              | \$100.00            | \$100.00            | \$200.00           |
| TEXTBOOKS                                   | \$785.00            |                     | \$785.00           |
| SKILLS LAB KIT                              | \$125.00            |                     | \$125.00           |
| PARKING PERMIT                              | \$35.00             |                     | \$35.00            |
| <u>UNIFORMS</u>                             | <u>\$400.00</u>     |                     | <u>\$400.00</u>    |
| <b>TOTALS</b>                               | <b>\$7,545.00</b>   | <b>\$6,150.00</b>   | <b>\$13,695.00</b> |

### Cost of Living Allowance (Non-Institutional Expense)

|        |                   |
|--------|-------------------|
| Term 1 | \$7,703.00        |
| Term 2 | <u>\$7,703.00</u> |
|        | \$15,406.00       |

*Cost of living allowance is the allowable amount of expected expense for room and board, transportation and personal living expenses. This amount is taken into consideration when calculating the maximum amount of financial aid allowed while attending CASPN. Should you qualify, you are allowed to use financial aid up to the amount of your total cost of attendance which includes your tuition, books, fees and cost of living allowance.*

### \*Total Cost of Attendance (TCOA)

|                          |                    |
|--------------------------|--------------------|
| CASPN Expenses           | \$13,695.00        |
| Cost of Living Allowance | \$15,406.00        |
| FDSL fees                | <u>\$100</u>       |
|                          | <b>\$29,201.00</b> |

*The forms of financial aid include Federal, State, local government and private grants and scholarships as well as Federal Direct Student Loans, Federal Parent Plus loans and private student loans. CASPN does not provide any institutional grants or loans.*

\*The above cost of attendance represents an estimate for this academic year and is not provided as an amount of actual expenses that you will incur. It is an estimate required for the institution to determine your eligibility for financial aid. If eligible, you may be entitled to financial assistance up to the amount of estimated expenses shown above. This is not to be viewed as an amount that you will owe the institution as this includes an estimated cost of living allowance. Charges actually owed to the institution will be in accordance with the terms of your enrollment agreement.

### Estimated Graduation & State Board Personal Expenses

*Graduation & State Board Personal Expenses will not be charged to school account.*

|                  |                |
|------------------|----------------|
| NCLEX App. Fee   | \$298.00       |
| Fingerprinting   | \$55.00        |
| Class Pin (Est.) | \$70.00        |
| LPN License Fee  | <u>\$50.00</u> |
|                  | \$473.00       |

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

SIGN, DATE AND RETURN THIS FORM BY:

3/23/2017

Date \_\_\_\_\_