

NAME HOFFMAN, ALEXIS

- Application Complete
- FIMS
- Spreadsheet

**SAMUEL L. ABRAMS FOUNDATION
DEADLINE MAY 31**

New Applicant Re-applicant

CHECKLIST:

Graduated from one of the following schools:

Bishop McDevitt

Camp Hill

Cedar Cliff

CD East

Central Dauphin

Cumberland Valley

Harrisburg

Lower Dauphin

Mechanicsburg

Middletown

Red Land

Sci-Tech

Steel-High

Susquehanna Township

Susquenita

Harrisburg Academy

Rabbi David L. Silver Yeshiva Academy

Trinity

Completed Application

Other Scholarship Information

Student Resume

FAFSA SAR EFC: 5927

Letter of Extenuating Circumstances

Essay

Tuition Bill

Financial Aid Information

Transcript GPA: 3.59 / 4

School Counselor Form (only if HS applicant)

NOTES:

Samuel L. Abrams Foundation Scholarship Application

Applicant Information

Please use proper capitalization, i.e. John A. Smith, not JOHN A SMITH or john a smith

Prefix e.g., Mr., Miss, Ms., Mrs. Miss	First Name Alexis	Middle Initial R	Last Name Hoffman	Suffix e.g., Jr.
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Pronoun
e.g., he, she, they
she

Nickname or Preferred Name

Address 1 Street Address 5 West Winding Hill Road	Address 2 Apt./Unit #
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City Mechanicsburg	County Cumberland County	State Pennsylvania	Zip Code 17055
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Phone
XXX-XXX-XXXX
7179616489

E-mail Address
Please provide an e-mail address you will continue to check throughout the year
arhoffman14@gmail.com

Date of Birth July 19, 1999	Gender Female	U.S. Citizen Yes
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Are you Married? No	Name of Spouse if applicable
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Number of Dependents and Age(s)
if applicable

Family Information

Parent 1 / Caregiver 1

Relationship to Applicant

Mother

Prefix First Name Middle Initial Last Name
e.g., Mr., Miss, Ms., Mrs. Linda R Hoffman
Mrs.

Pronoun

e.g., he, she, they
she

Employer Occupation
High Associates Administrative Assistant

Address 1 Address 2
Home Address Apt./Unit #
5 West Winding Hill Road

City State Zip
Mechanicsburg PA 17055

Home Phone Work Phone Cell Phone
xxx-xxx-xxxx xxx-xxx-xxxx xxx-xxx-xxxx
7176978563 7175743926 7175743926

E-mail Address

Please provide an e-mail address that is checked regularly
elmahoff@aol.com

Parent 2 / Caregiver 2

Relationship to Applicant

Father

Prefix First Name Middle Initial Last Name
e.g., Mr., Miss, Ms., Mrs. Edward L Hoffman
Mr.

Pronoun

e.g., he, she, they
he

Employer Occupation
Dillon Drywall Drywall

Address 1 Address 2
Home Address Apt./Unit #
5 West Winding Hill Road

City State Zip
Mechanicsburg PA 17055

Home Phone Work Phone Cell Phone

XXX-XXX-XXXX
7176976563

XXX-XXX-XXXX
7174435492

XXX-XXX-XXXX
7174435492

E-mail Address

Please provide an e-mail address that is checked regularly

Father Deceased?
No

Mother Deceased?
No

Parents Divorced?
No

Are you the first in your family to attend college?
No

List names, ages, and educational levels of siblings living in your household:

Name, Age, Grade, or Year in College & Name of College

Please provide any additional information regarding your family, if necessary:

High School Information

High School Attending

Mechanicsburg Area Senior High

High School Address 1

500 S Broad St

High School Address 2

City
Mechanicsburg

State
Pennsylvania

Zip Code
17055

High School Graduation Date
May 31, 2017

Cumulative GPA
94.65

Cumulative Class Rank
18

Total H.S. Class Size
269

Please provide your school counselor's name and contact information below.

Prefix
e.g., Mr., Miss, Ms., Mrs.
Ms.

First Name
Gail

Last Name
Heistand

Phone
XXX-XXX-XXXX
7176914530

E-mail Address
gheistand@mbgsd.org

Post-Secondary Information & Educational Financing

Please list the colleges/universities to which you have applied and indicate your acceptance status.

College/University 1

Acceptance Status

Bloomsburg University Yes

College/University 2 Acceptance Status

Millersville University Yes

College/University 3 Acceptance Status

Pennsylvania College of Technology Yes

Year in college for upcoming school year

Senior

Major and minor field of study

Medical Imaging

Check this box if you plan to be a full-time student.

Yes

If you do not plan to be a full-time student,

how many credit hours are you planning to take?

Expected College Graduation Date

May 13, 2021

Please provide educational financing information for the school you will attend in the fall.
If you are unsure of what school you will attend, please provide information for your first choice school.

ALL DOLLAR FIGURES SHOULD REFLECT EXPENSES FOR ONE FULL ACADEMIC YEAR

School

Bloomsburg University/WellSpan Health Radiography

Expected Annual Tuition & Fees

Total dollar figure for both fall & spring semesters
12600

Expected Annual Room & Board

Total dollar figure for both fall & spring semesters
2600

Expected Annual Textbooks & Supplies

Total dollar figure for both fall & spring semesters
900

Where do you plan to live during the school year?

Please indicate if you will be living in campus housing, commuting, living off campus etc.

Commuting

Are you financing your own education?

Yes

How much of your education are you financing?

dollar figure for one academic year
13100

If no or partial, who is helping to finance your education?

How much of your education are they supporting per year?

dollar figure for one academic year

Do you plan to take out student loans for the upcoming year?

Loans include federal subsidized, unsubsidized, and private loans
Yes

If yes, how much?

dollar figure
5000

Do you plan to have employment during the academic year?

Employment includes participating in a work study program and private employment
Yes

If yes, how many hours will you work per week? How much will you earn?

Include hours and dollar figure
6hrs, \$60

Use the space below to describe how you will finance the total of your education and provide any clarification needed for the answers given above.

I will finance my education by utilizing any scholarships I receive and loans. I have received the Samuel L. Abrams Foundation Scholarship the past three years of my undergraduate education and hope to receive this scholarship for my senior year to

assist in my finances. My senior year I will be doing clinicals for many hours and didactic work, so I won't be able to work as much to help pay for my education.

Attachments

Title	File Name
Student Resume	StudentResume (1).doc
Other Scholarship Information	OtherScholarshipInformation (1).doc
Letter of Extenuating Circumstances	Letter Explanation 2020.docx
FAFSA Student Aid Report	FAFSA Alexis Hoffman-2020.pdf



OTHER SCHOLARSHIP INFORMATION

Please list all other scholarships you have applied for (attach an additional sheet of paper if more space is needed):

Scholarship Name	Received	Amount: \$
M&T Bank	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Pending	\$1000
Bloomsburg Academic	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Pending	\$3000
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Pending	\$ _____
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Pending	\$ _____
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Pending	\$ _____
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Pending	\$ _____
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Pending	\$ _____
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Pending	\$ _____
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Pending	\$ _____
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Pending	\$ _____
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Pending	\$ _____
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Pending	\$ _____
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_____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Pending	\$ _____
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_____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Pending	\$ _____
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Pending	\$ _____
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Pending	\$ _____
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Pending	\$ _____



STUDENT RESUME

List any school, community, and faith-based activities in which you have been involved in the last four years and note if it was while in high school (HS) or college (C). Be sure to include leadership roles and number of hours (hours per week/month/year, whichever is applicable). Make additional copies of this page if more space is needed.

School Activities	Timeframe		FR	SO	JR	SR	Total # Hours
	HS	C					
Wishmakers	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1/week
Collages Against Cancer	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1/week
MetLife	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1/week
Learning Community	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1/week
Field Hockey	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	12/week
National Honor Society	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1/month
Study Abroad-Spain	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	3 weeks

Community & Faith-based Activities	Timeframe		FR	SO	JR	SR	Total # Hours
	HS	C					
Hospital Volunteer	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	50
Big Event	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10
Donate items to clubs	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1/week
Little Field Hockey	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	4/week
Blood Donor	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	4/year
Special Olympics	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	14/year
Operation Wildcat	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	6/year

Awards & Honors	Timeframe		FR	SO	JR	SR	Year
	HS	C					
Dean's List	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	2017-2020
Communication Student Excellence	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2017-2018
Honor Roll	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	2013-2017
Perfect Attendance	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	2013-2017
Academic Excellence	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	2013-2017
Varsity Sports Letters	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	2015-2017

Work Experience		Dates of Employment	Average Hours Worked Per Week
Employer	Position		
The Bon-Ton	Sales Associate	Nov 2016-Feb 2018	10-15
Power Train Sports	Fitness Coach	June 2018-Present	6-8
Clinicals	Student (unpaid)	Aug 2019-Present	21 hours

2020-2021

Electronic Student Aid Report (SAR)

The SAR summarizes the information you submitted on your 2020-2021 Free Application for Federal Student Aid (FAFSA).

Application Receipt Date:	01/19/2020	XXX-XX-3257 HO 01
Processed Date:	01/21/2020	EFC: 5927
		DRN: 9580

Comments About Your Information

Learn about [federal tax benefits for education](#), including the *American Opportunity Tax Credit* (AOTC).

Based on the information we have on record for you, your EFC is 5927. You are not eligible for a Federal Pell Grant but you may be eligible for other aid. Your school will use your EFC to determine your financial aid eligibility for other federal grants, loans, and work-study, and possible funding from your state and school.

There is a limit to the total amount of subsidized Federal student loans that you may receive. Visit <https://StudentAid.gov> and select Types of Aid/Loans for more information.

WHAT YOU MUST DO NOW (Use the checklist below to make sure that all of your issues are resolved.)

If you need to make corrections to your information, click 'Make FAFSA Corrections' on the 'My FAFSA' page using your FSA ID. If you need additional help with your SAR, contact your school's financial aid office or click the 'Help' icon on the FAFSA home page. If your mailing address or e-mail address changes, you can make the correction online.

FAFSA Data

Assumed fields, based on the data you entered, are marked with an '*' (asterisk) sign.

1. Student's Last Name:	HOFFMAN
2. Student's First Name:	ALEXIS
3. Student's Middle Initial:	R
4. Student's Permanent Mailing Address:	5 WEST WINDING HILL ROAD
5. Student's Permanent City:	MECHANICSBURG
6. Student's Permanent State:	PA
7. Student's Permanent ZIP Code:	17055
8. Student's Social Security Number:	XXX-XX-3257
9. Student's Date of Birth:	07/19/1999
10. Student's Telephone Number:	(717) 697-8563
11. Student's Driver's License Number:	32114127
12. Student's Driver's License State:	PA
13. Student's E-mail Address:	arhoffman14@gmail.com
14. Student's Citizenship Status:	YES, I AM A U.S. CITIZEN (OR U.S. NATIONAL)
15. Student's Alien Registration Number:	
16. Student's Marital Status:	I AM SINGLE
17. Student's Marital Status Date:	
18. Student's State of Legal Residence:	PA
19. Was Student a Legal Resident Before January 1, 2015?	YES
20. Student's Legal Residence Date:	
21. Is the Student Male or Female?	FEMALE
22. Register Student With Selective Service System?	
23. Drug Conviction Affecting Eligibility?	ELIGIBLE FOR AID
24. Parent 1 Educational Level:	HIGH SCHOOL
25. Parent 2 Educational Level:	COLLEGE OR BEYOND
26. High School or Equivalent Completed?	HIGH SCHOOL DIPLOMA
27a. Student's High School Name:	MECHANICSBURG AREA SHS
27b. Student's High School City:	MECHANICSBURG
27c. Student's High School State:	PA
28. First Bachelor's Degree before 2020-2021 School Year?	NO
29. Student's Grade Level in College in 2020-2021:	4TH YR./SENIOR
30. Type of Degree/Certificate:	1ST BACHELOR'S DEGREE
31. Interested in Work-study?	NO
32. Student Filed 2018 Income Tax Return?	ALREADY COMPLETED
33. Student's Type of 2018 Tax Form Used:	Transferred from the IRS
34. Student's 2018 Tax Return Filing Status:	SINGLE
35. Student Filed Schedule 1?	
36. Student's 2018 Adjusted Gross Income:	Transferred from the IRS
37. Student's 2018 U.S. Income Tax Paid:	Transferred from the IRS
38. Student's 2018 Income Earned from Work:	Transferred from the IRS
39. Spouse's 2018 Income Earned from Work:	
40. Student's Total of Cash, Savings, and Checking Accounts:	\$332
41. Student's Net Worth of Current Investments:	\$0
42. Student's Net Worth of Businesses/Investment Farms:	\$0
43a. Student's Education Credits:	Transferred from the IRS
43b. Student's Child Support Paid:	\$0
43c. Student's Taxable Earnings from Need-Based Employment Programs:	\$0
43d. Student's College Grant and Scholarship Aid Reported to IRS as Income:	\$0
43e. Student's Taxable Combat Pay Reported in AGI:	\$0
43f. Student's Cooperative Education Earnings:	\$0
44a. Student's Payments to Tax-Deferred Pensions & Retirement Savings:	\$0
44b. Student's Deductible Payments to IRA/Keogh/Other:	Transferred from the IRS
44c. Student's Child Support Received:	\$0
44d. Student's Tax Exempt Interest Income:	Transferred from the IRS
44e. Student's Untaxed Portions of IRA Distributions and Pensions:	Transferred from the IRS
44f. Student's Housing, Food, & Living Allowances:	\$0
44g. Student's Veterans Noneducation Benefits:	\$0
44h. Student's Other Untaxed Income or Benefits:	\$0
44i. Money Received or Paid on Student's Behalf:	\$0
45. Student Born Before January 1, 1997?	NO
46. Is Student Married?	NO
47. Working on Master's or Doctorate in 2020-2021?	NO
48. Is Student on Active Duty in U.S. Armed Forces?	NO
49. Is Student a Veteran?	NO
50. Does Student Have Children He/She Supports?	NO
51. Does Student Have Dependents Other than Children/Spouse?	NO
52. Parents Deceased?/Student Ward of Court?/In Foster Care?	NO
53. Is or Was Student an Emancipated Minor?	NO
54. Is or Was Student in Legal Guardianship?	NO
55. Is Student an Unaccompanied Homeless Youth as Determined by High School/Homeless Liaison?	NO
56. Is Student an Unaccompanied Homeless Youth as Determined by HUD?	NO
57. Is Student an Unaccompanied Homeless Youth as Determined by Director of Homeless Youth Center?	NO
58. Parents' Marital Status:	MARRIED OR REMARRIED
59. Parents' Marital Status Date:	06/1998
60. Parent 1 (Father's/Mother's/Stepparent's) Social Security Number:	XXX-XX-0177

61. Parent 1 (Father's/Mother's/Stepparent's) Last Name:	HOFFMAN
62. Parent 1 (Father's/Mother's/Stepparent's) First Name Initial:	E
63. Parent 1 (Father's/Mother's/Stepparent's) Date of Birth:	08/01/1966
64. Parent 2 (Father's/Mother's/Stepparent's) Social Security Number:	XXX-XX-8977
65. Parent 2 (Father's/Mother's/Stepparent's) Last Name:	HOFFMAN
66. Parent 2 (Father's/Mother's/Stepparent's) First Name Initial:	L
67. Parent 2 (Father's/Mother's/Stepparent's) Date of Birth:	08/26/1968
68. Parents' E-mail Address:	elmahoff@aol.com
69. Parents' State of Legal Residence:	PA
70. Were Parents Legal Residents Before January 1, 2015?	YES
71. Parents' Legal Residence Date:	
72. Parents' Number of Family Members in 2020-2021:	3
73. Parents' Number in College in 2020-2021 (Parents Excluded):	1
74. Parents Received Medicaid or Supplemental Security Income?	NO
75. Parents Received SNAP?	NO
76. Parents Received Free/Reduced Price Lunch?	NO
77. Parents Received TANF?	NO
78. Parents Received WIC?	NO
79. Parents Filed 2018 Income Tax Return?	ALREADY COMPLETED
80. Parents' Type of 2018 Tax Form Used:	Transferred from the IRS
81. Parents' 2018 Tax Return Filing Status:	MARRIED-FILED JOINT RETURN
82. Parents Filed Schedule 1?	
83. Is Parent a Dislocated Worker?	
84. Parents' 2018 Adjusted Gross Income:	Transferred from the IRS
85. Parents' 2018 U.S. Income Tax Paid:	Transferred from the IRS
86. Parent 1 (Father's/Mother's/Stepparent's) 2018 Income Earned from Work:	\$48,791
87. Parent 2 (Father's/Mother's/Stepparent's) 2018 Income Earned from Work:	\$15,206
88. Parents' Total of Cash, Savings, and Checking Accounts:	
89. Parents' Net Worth of Current Investments:	
90. Parents' Net Worth of Businesses/Investment Farms:	
91a. Parents' Education Credits:	Transferred from the IRS
91b. Parents' Child Support Paid:	\$0
91c. Parents' Taxable Earnings from Need-Based Employment Programs:	\$0
91d. Parents' College Grant and Scholarship Aid Reported to IRS as Income:	\$0
91e. Parents' Taxable Combat Pay Reported in AGI:	\$0
91f. Parents' Cooperative Education Earnings:	\$0
92a. Parents' Payments to Tax-Deferred Pensions & Retirement Savings:	\$0
92b. Parents' Deductible Payments to IRA/Keogh/Other:	Transferred from the IRS
92c. Parents' Child Support Received:	\$0
92d. Parents' Tax Exempt Interest Income:	Transferred from the IRS
92e. Parents' Untaxed Portions of IRA Distributions and Pensions:	Transferred from the IRS
92f. Parents' Housing, Food, & Living Allowances:	\$0
92g. Parents' Veterans Noneducation Benefits:	\$0
92h. Parents' Other Untaxed Income or Benefits:	\$0
93. Student's Number of Family Members in 2020-2021:	
94. Student's Number in College in 2020-2021:	
95. Student Received Medicaid or Supplemental Security Income?	NO
96. Student Received SNAP?	NO
97. Student Received Free/Reduced Price Lunch?	NO
98. Student Received TANF?	NO
99. Student Received WIC?	NO
100. Is Student or Spouse a Dislocated Worker?	
101a. First Federal School Code:	003315
101b. First Housing Plans:	OFF CAMPUS
101c. Second Federal School Code:	
101d. Second Housing Plans:	
101e. Third Federal School Code:	
101f. Third Housing Plans:	
101g. Fourth Federal School Code:	
101h. Fourth Housing Plans:	
101i. Fifth Federal School Code:	
101j. Fifth Housing Plans:	
101k. Sixth Federal School Code:	
101l. Sixth Housing Plans:	
101m. Seventh Federal School Code:	
101n. Seventh Housing Plans:	
101o. Eighth Federal School Code:	
101p. Eighth Housing Plans:	
101q. Ninth Federal School Code:	
101r. Ninth Housing Plans:	
101s. Tenth Federal School Code:	
101t. Tenth Housing Plans:	
102. Date Completed:	01/19/2020
103. Signed By:	BOTH STUDENT AND PARENT
104. Preparer's Social Security Number:	
105. Preparer's Employer Identification Number (EIN):	
106. Preparer's Signature:	

Graduation/Retention/Transfer Rates

College Rates

The table shows the [graduation, retention, and transfer rates](#) for the schools you selected. Go to the [College Scorecard](#) Web site for complete information.

School Name	Graduation Rate	Retention Rate	Transfer Rate	Additional Information from <i>College Scorecard</i>
BLOOMSBURG UNIVERSITY OF PA	60%	75%	29%	N/A

Your Financial Aid History Information

The information below is the total amount of student loans that you owe. These loans are administered by the U.S. Department of Education (ED). You should confirm that these loan totals are correct. You can view details on the individual loans that make up these totals at the [National Student Loan Data System \(NSLDS\)](#) Web site. If you feel that the amounts listed on this page are incorrect, or you have other questions related to a loan, you should contact the loan servicer indicated on the NSLDS Web site. You can obtain general information about each of the types of loans that are listed below by visiting our [StudentAid.gov](#) Web site.

Note that the "Subsidized" and "Unsubsidized" amounts include the appropriate portions of any Consolidation Loans you may have. If there is an amount listed for "Unallocated Consolidation Loans" it is because we could not determine whether those balances were subsidized or unsubsidized.

Remember you are responsible for repaying all of the amounts that you borrow, plus interest. As a general rule, with an assumed interest rate of 5%, the monthly payment amount over a ten-year repayment period would be approximately \$10.61 for every \$1,000 that you borrowed. Of course your actual repayment amount will depend upon how much you borrow, the interest rate when you enter repayment, and how long your repayment term is.

Total Amount of Loans Outstanding -			
FFEL (Bank Loans) and/or Direct Loans:	Total Principal Balance	Remaining Amount to be Disbursed	Total
Subsidized Loans:	\$8,000	\$000	\$8,000
Unsubsidized Loans:	N/A	N/A	N/A
Combined Loans:	\$8,000	\$000	\$8,000
Unallocated Consolidation Loans:	N/A		N/A
Federal Perkins Loan Amounts:			
Total Outstanding Principal Balance:	N/A		
2020-2021 Loan Amount:	N/A		
TEACH Grants Converted to Direct Loans:			
Unsubsidized Loans:	N/A		N/A

At this point, the school(s) listed on your application have access to your information. The school(s) may put together or change an aid package based on your Expected Family Contribution and notify you.

The amount of aid you receive from a school will depend on the cost of attendance at that school, your enrollment status (full-time, three-quarter-time, half-time, or less than half-time), Congressional appropriations, and other factors. Review your financial aid notification from the school(s) or contact the Financial Aid Administrator at the school(s).

Note: Your school has the authority to request copies of certain financial documents to verify information you reported on your application.

To protect the confidentiality of your application data, you should never give, share, or disclose your FSA ID to anyone, including commercial service providers that provide assistance with the financial aid process. You should keep your FSA ID in a safe location.

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. The valid OMB control number for this information collection is 1845-0001. Public reporting burden for this collection of information is estimated to average 5 to 10 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. The obligation to respond to this collection is voluntary. If you have comments or concerns regarding the status of your individual submission of this form, please contact the Federal Student Aid Information Center, P.O. Box 84, Washington, D.C. 20044 directly.

We may request additional information from you to process your application more efficiently. We will collect this additional information only as needed and on a voluntary basis.

By answering questions 101a through 101t, and signing the Free Application for Federal Student Aid, you give permission to the U.S. Department of Education to provide information from your application to the college(s) you entered. You also agree that such information is deemed to incorporate by reference the certification statement on the sign and submit page of the financial aid application. The certification statement can be viewed at [StudentAid.gov/2021/help/certification-statement](#).

WARNING: If you are convicted of drug distribution or possession for an offense that occurred while you were receiving Title IV aid, your eligibility for Title IV student financial aid is subject to suspension or termination. If your drug conviction status changes at any time during the 2020-2021 award year, you must update your answer to the drug conviction affecting eligibility question.

Dear Samuel L. Abrams Foundation,

Hi, my name is Alexis Hoffman, I attend Bloomsburg University and major in Medical Imaging Bachelor of Science degree. I have been a recipient of your gracious scholarship for the past 3 years. I would like to reapply for my senior year as well. The Medical Imaging degree requires me to attend Bloomsburg University my freshman and sophomore years and then my junior and senior years I go to a clinical site. After finishing clinicals I will graduate from Bloomsburg University with a Medical Imaging Bachelor of Science degree. I was accepted into York WellSpan Health Radiography program for my last 2 years at Bloomsburg University. Bloomsburg University works with WellSpan as part of their Bachelor of Science Degree in Radiography through an articulation agreement. The first 2 years at Bloomsburg University I took 74 credits. My junior year at York Wellspan I completed another 14 credits and received a 4.0 GPA. My senior year I will be finishing my last year of classroom and clinical education at WellSpan. I will be staying active as a Bloomsburg University student for my remaining year, all my financial aid and FAFSA will be going through Bloomsburg University, not WellSpan. However, I will be paying WellSpan for my classroom and clinical education. My financial aid and scholarships will be sent to Bloomsburg University and Bloomsburg University will distribute them to me.

Thank you very much for your support and investment in me. I appreciate it greatly. I respectfully request that you choose me to continue to receive the scholarship.

Sincerely,

Alexis Hoffman



**WellSpan Health / York Hospital Radiography Program
Tuition and Fees**

A service of York Hospital

To Whom It May Concern:

Alexis Hoffman will be a full-time student enrolled WellSpan Health/ York Hospital Radiography Program. WellSpan Health/ York Hospital Radiography Program is a 23-month hospital-based program accredited by the Joint Review Committee on Education in Radiologic Sciences. The cost of this program which includes tuition, activity/resource fees, and graduation fees totals \$21,000. Alexis will start the program August 19, 2019 and she will graduate June 7, 2021. Tuition price per semester is subject to change.

First Semester (August 2019 – January 2020)

Tuition	3950.00
◇Graduation Fee	50.00
*Activity/Resource Fee	<u>200.00 - minus \$100 Deposit (paid)</u>
Complete payment – deposit	4100.00
Tuition Total	4200.00

Second Semester (February 2020 – June 2020)

Tuition	3950.00
◇Graduation Fee	50.00
*Activity/Resource	<u>200.00</u>
Tuition Total	4200.00

Third Semester (July 2020 – August 2020)

Tuition	4000.00
*Activity/Resource Fee	<u>200.00</u>
Tuition Total	4200.00

Fourth Semester (September 2020 – January 2021)

Tuition	4000.00
*Activity/Resource Fee	<u>200.00</u>
Tuition Total	4200.00

Fifth Semester (February 2021 – June 2021)

Tuition	4000.00
*Activity/Resource Fee	<u>200.00</u>
Tuition Total	4200.00

= PROGRAM TOTAL \$21,000

◇Graduation Fee – Graduation pins, diplomas, and diploma covers

* Activity/Resource Fee – Facility resources, clinical procedures lab, computer access with e-mail address, York Hospital Library/Research Center, classroom computers, Employee Health Services, in-house educational seminars, copiers and printers, registry review material, dosimeter badge, markers, graduation ceremony

Tracy Szczypinski M.S., R.T.(R)
Program Director

Revised 5/1/2019



Office of Financial Aid

June 25, 2020

The Foundation for Enhancing Communities
Samuel L. Abrams Foundation
PO Box 678
Harrisburg PA 17108

Dear Scholarship Committee, please accept this letter as confirmation of Alexis Hoffman's financial aid and cost information for 2020-2021. She is applying for the Samuel L. Abrams Foundation award. Alexis is completing her required clinical credits off-site at WellSpan York Hospital this year, she will still be considered a full-time student enrolled at Bloomsburg University during the Summer 2020, Fall 2020, and Spring 2021 semesters. Below please find the 2020-2021 cost and financial aid information for Alexis:

Cost

Tuition & Fees \$12,600 **not included in these fees is \$900 for textbooks and supplies*

Financial Aid

Pheaa Grant	\$2,984
Institution Scholarship	\$3,000
Student Loans	<u>\$7,500</u>
Total Financial Aid	\$13,484

Thank you for considering Alexis for a scholarship award. If you have any questions please contact me at (570) 389-4439 or akern@bloomu.edu.

Sincerely,

Amanda Kern
Financial Aid Office
Bloomsburg University

Official Undergraduate Academic Record

Name: Alexis Hoffman
Student ID: 400354
Birthdate: 07/19

Beginning of Undergraduate Record

2017 Fall

Program: UGRD Science and Technology
 Plan: BS Medical Imaging Major

Regular Academic Session					
Course	Description	Attempted	Earned	Grade	
BIOLOGY 105	BAHS FRESHMAN SEM	1.00	1.00	A	
BIOLOGY 114	CONCEPTS BIOLOGY 1	4.00	4.00	B	
COMMSTUD 104	INTERPERSONAL COMM	3.00	3.00	A	
MATH 116	MATH FOR HEALTH SCI	3.00	3.00	A	
NURSING 217	ALCOHOL: USE & ABUS	3.00	3.00	B+	

Transfer Credit from Bloom Univ Lang Place Gen Ed

Course	Description	Attempted	Earned	Grade
SPANISH 99	LANG REQ SATISFIED	0.00	0.00	TR

Transfer Credit from Credit By Exam

Course	Description	Attempted	Earned	Grade
ENGLISH 101	FOUND OF WRITING	3.00	3.00	TR

Transfer Credit from Advanced Placement Credit

Course	Description	Attempted	Earned	Grade
EGGS 102	WORLD CULTURAL GEOG	3.00	3.00	TR

DEAN'S LIST

2017 Winter

Program: UGRD Science and Technology
 Plan: BS Medical Imaging Major

Regular Academic Session					
Course	Description	Attempted	Earned	Grade	
ITM 175	ITMA	3.00	3.00	A	

2018 Spring

Program: UGRD Science and Technology
 Plan: BS Medical Imaging Major

Regular Academic Session					
Course	Description	Attempted	Earned	Grade	
ANTHRO 200	PRIN CULT ANTHROP	3.00	3.00	A	
BIOLOGY 173	ANATOMY PHYSIOL 1	4.00	4.00	B+	
FINANCE 120	PERSONAL FINANCE DE	3.00	3.00	A-	
MATH 141	INTRO TO STATISTICS	3.00	3.00	B	
PSYCH 101	GENERAL PSYCHOLOG	3.00	3.00	A	

DEAN'S LIST

2018 Summer

Program: UGRD Science and Technology
 Plan: BS Medical Imaging Major

Summer First Six Weeks					
Course	Description	Attempted	Earned	Grade	
ANTHRO 101	INTRO ANTHROPOLOGY	3.00	3.00	A	

2018 Fall

Program: UGRD Science and Technology
 Plan: BS Medical Imaging Major

Regular Academic Session

Course	Description	Attempted	Earned	Grade
BIOLOGY 174	ANATOMY PHYSIOL 2	4.00	4.00	B-
BIOLOGY 205	INTRO TO NUTRITION	3.00	3.00	A-
CHEM 101	INTRO CHEMISTRY	3.00	3.00	B
ENGLISH 156	POPULAR LITERATURE	3.00	3.00	A
Topic: TBA				
PHIL 290	MEDICAL ETHICS	3.00	3.00	B-

2019 Spring

Program: UGRD Science and Technology
 Plan: BS Medical Imaging Major

Regular Academic Session					
Course	Description	Attempted	Earned	Grade	
BIOLOGY 208	MEDICAL TERMINOLOG	3.00	3.00	B+	
MATH 113	PRE CALCULUS	3.00	3.00	A	
NURSING 100	PERS HLTH: PER PERS	3.00	3.00	A	
PHYSICS 107	APPL PHYSIC HEAL SCI	4.00	4.00	A	
THEATRE 103	THEATRE APPRECIATIO	3.00	3.00	A	

DEAN'S LIST

2019 Fall

Program: UGRD Science and Technology
 Plan: BS Medical Imaging Major

Regular Academic Session					
Course	Description	Attempted	Earned	Grade	
GENTRANS 401	MEDICAL IMAGING CLIN	0.00	0.00		

2020 Spring *COVID-19*

Program: UGRD Science and Technology
 Plan: BS Medical Imaging Major

Regular Academic Session					
Course	Description	Attempted	Earned	Grade	
GENTRANS 401	MEDICAL IMAGING CLIN	0.00	0.00		

Undergraduate Career Totals

	Attempted	Earned	For GPA	Points
Cum GPA	3.59	Cum Total 68.00	68.00	68.00 244.01
Trans GPA		Transfer Total 6.00	6.00	0.00 0.00
Comb GPA	3.59	Comb Total 74.00	74.00	68.00 244.01

End of Official Undergraduate Academic Record

Send To:
 ALEXIS HOFFMAN
 arhoffman14@gmail.com

From Bloomsburg University of Pennsylvania to arhoffman14@gmail.com on 04/29/2020 09:06 AM TRAN000019246442

From Bloomsburg University of Pennsylvania to arhoffman14@gmail.com on 04/29/2020 09:06 AM TRAN000019246442



WELLSPAN HEALTH RADIOGRAPHY PROGRAM

37 Monument Rd.
 Suite 101
 York, PA 17403
 Phone: (717) 812-3599
 Fax: (717) 812-3809

A service of York Hospital

Student's Name: Alexis Hoffman
Address: 5 West Winding Hill Road
 Mechanicsburg, PA 17055
Admission: August 19, 2019
Date of Graduation: June 7, 2021
 Semester 1 & 2 Course Completion ONLY

Course Title	Grade	G.P.A.
Orientation (Introduction to Radiography) Final Grade	A	4
Patient Care/Pharmacology/Human Diversity/Ethics of Law Final Grade	A	4
Anatomy/ Physiology/Pathology (Human Structure and Function) I&II *Sem 1 and 2 only	A	4
Radiographic Procedures (Departmental Procedures) Final Grade	A	4
Physics (Radiation Production and Characteristics) Final Grade	A	4
Film Critique/Evaluation (Image Analysis)		
Advanced Radiographic Procedures (Essential Procedures)		
Basic Principles of Computed Tomography Final Grade	A	4
Radiobiology and Radiation Protection		
Imaging Equipment		
Principles of Exposure		
Digital Image Acquisition and Display		
Pathological Report and Presentation		
**Clinical Education *Semester 1 and 2 Only	A	4
Total		28
Cumulative Average		4
Grading Scale	100 – 95% A = 4.0 94 – 90% B = 3.0	89- 85% C = 2.0 <85% F = 0

*Course continues

Tracy Szcypinski
 Tracy Szcypinski
 Program Director
 Radiography Program