



2025-2026 ADULT STUDIES FINANCIAL AID REQUEST FORM

This form must be completed in its entirety with your Advisor before the Financial Aid Office can calculate an accurate awards package for the 2025-2026 academic year.

Student Name \_\_\_\_\_ Student ID # \_\_\_\_\_
Street Address \_\_\_\_\_
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_
Email Address \_\_\_\_\_

Which NCWU site are you or will be attending? (Circle)

- Rocky Mount Goldsboro Raleigh/Durham
Greenville Washington New Bern
Winston-Salem/Forsyth Manteo Wilmington/Cape Fear

Have you completed the 2025-2026 FAFSA? (Circle) Yes / No

If you do not plan on completing the 2025-2026 FAFSA, how will you be paying for your education expense? (Circle)

- Employee Reimbursement Payment Plan with NCWU Business Office
Veterans Assistance/Vocational Rehabilitation Program NCWU Employee (see Human Resources)

How many credit hours will you attempt to take/enroll per semester? (Example, 3, 6, 9 or 12 hours)

Fall 2025 \_\_\_\_\_ Spring 2026 \_\_\_\_\_ Summer 2026 \_\_\_\_\_
(8/2025) (1/2026) (5/2026)

What is the estimated number of credit hours you will be transferring to NCWU from prior schools? \_\_\_\_\_

When is your expected graduation? (Example, Spring 2026) \_\_\_\_\_

As of today, which of the following best describes you? (Circle)

- Degree Seeking Student Degree Seeking Student Non-degree/Visiting Student Certificate
(1st Bachelor's Degree) (2nd Bachelor's Degree)

Are you eligible to receive the Legacy Grant (child of NCWU alumni)? (Circle) Yes/No
Please provide the alumni's name and last four digits of their social security number \_\_\_\_\_

Have you earned an associate's degree from a NC Community College? (Circle) Yes / No

Are you eligible to receive the Phi Theta Kappa/Gamma Beta Phi? (Circle) Yes / No

Are you eligible to receive the Employer Partnership Scholarship? (Circle) Yes / No
Please provide your employer \_\_\_\_\_



Office of  
Financial Aid

**My signature certifies and confirms that I have read and understand all instructions and that I have provided accurate, complete and current information.**

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

**My signature confirms the student's actual registration and their anticipated hours for upcoming semesters. It also confirms the response recorded above for the student's eligibility to receive 2+Wesleyan, Phi Theta Kappa and/or Employer Partnership.**

Advisor Signature \_\_\_\_\_ Date \_\_\_\_\_

**DISCLAIMER: Please refer to the Adult Studies Guide to Financial Aid and Student Accounts as well as the Financial Aid/Business Office sections of college catalogue for information regarding how a change in credit hours will affect the Pell Grant, North Carolina Need Based Scholarship and student loans.**

**The Guide also includes how to access your student portal to view your charges, financial aid awards, missing documents, etc.**

Please complete and return this form to:  
North Carolina Wesleyan University  
Office of Financial Aid  
3400 N. Wesleyan Blvd. Rocky Mount, NC 27804  
252-985-5290 (phone) 252-985-5109 (fax)  
[financialaid@ncwu.edu](mailto:financialaid@ncwu.edu)