



**Financial Aid Pre-Approval Form**  
**Full CDT Lymphedema Certification Course ONLY**

STUDENT INFORMATION	
First Name	
Middle Initial	
Last Name	
Title	
Home Street	
Home City, State ZIP	
Company / Employer	
Work Street	
Work City, State ZIP	
Mobile Phone	
Work Phone	
Fax	
E-Mail	
Social Security Number	

COURSE INFORMATION	
Desired Course Location	
Desired Course Dates	

I hereby certify the above information to be correct and acknowledge the Norton School of Lymphatic Therapy may verify this information before proceeding with my application for financial aid.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date