

# Department of Social Welfare Financial Aid Application

Complete only if you wish to apply for financial aid. Information is furnished voluntarily by the applicant

Check one: Ph.D. MSW/Ph.D. Academic Year for which aid requested \_\_\_\_\_

Name \_\_\_\_\_  
Surname (family) First Middle

Does your attendance at school depend on receipt of financial award? If yes, to what extent? \_\_\_\_\_

Please list any scholarships/stipends/fellowships for which you intend to apply or have applied:

\_\_\_\_\_  
\_\_\_\_\_

Present employment \_\_\_\_\_ Social Security number \_\_\_\_\_

Will you be on leave from your current job? \_\_\_\_\_

Will you receive full salary? Partial salary? Amount: \_\_\_\_\_

Other sources of income:

\_\_\_\_\_

Marital status \_\_\_\_\_ Name of spouse/partner \_\_\_\_\_

Number of dependents: \_\_\_\_\_ Ages: \_\_\_\_\_

Spouse/partner's employment: \_\_\_\_\_ Net monthly Salary: \_\_\_\_\_

If Spouse/partner is also a student, indicate institution he/she will attend and class during the academic year for which you are applying for aid:

\_\_\_\_\_

Have you and/or your spouse: (a) resided with, (b) been claimed as a dependent for federal tax purposes by, or (c) been the recipient of an amount in excess of \$600 from one or both of your parents during the last three calendar years? If yes, please indicate which years: \_\_\_\_\_

<u>Assets</u>	(To date- include spouse)	<u>Liabilities</u>	(To date-include spouse)
Total savings	\$ _____	National Defense Loan	\$ _____
Total checking	_____	University loans	_____
Equity in house or other real property	_____	Ed. Fee Deferment Loan	_____
Stock Investments	_____	All other loans	_____
Share in business	_____		
Total Assets	\$ _____	Total Liabilities	\$ _____

**Estimate as accurately as possible your income and expenses for the academic year (Fall, Winter and Spring quarters) for which you are applying for aid:**

**INCOME**

Aid from parents, relatives \$ \_\_\_\_\_  
 Earnings while in school \_\_\_\_\_  
 Summer earnings \_\_\_\_\_  
 Other assets to be used during academic year \_\_\_\_\_  
 Spouse/partner earnings (net) \_\_\_\_\_  
 Scholarships grants \_\_\_\_\_  
 Fellowships \_\_\_\_\_  
 Loans \_\_\_\_\_  
 G. I. benefits \_\_\_\_\_  
 Veteran's dependent benefits \_\_\_\_\_  
 Social Security benefits \_\_\_\_\_  
 Vocational rehabilitation \_\_\_\_\_  
 Alimony \_\_\_\_\_  
 Child support \_\_\_\_\_  
 Other \_\_\_\_\_

**EXPENSES**

Registration & ed. fees. \$ \_\_\_\_\_  
 Non resident fees \_\_\_\_\_  
 Room and board \_\_\_\_\_  
 Books & Supplies \_\_\_\_\_  
 Utilities personal expenses \_\_\_\_\_  
 Transportation \_\_\_\_\_  
 Car payments \_\_\_\_\_  
 Auto insurance \_\_\_\_\_  
 Child care/school \_\_\_\_\_  
 Alimony/child support \_\_\_\_\_  
 Medical/dental \_\_\_\_\_  
 Health insurance \_\_\_\_\_  
 Other \_\_\_\_\_

**TOTAL INCOME** \$ \_\_\_\_\_

**TOTAL EXPENSES** \$ \_\_\_\_\_

If you wish, please attach a supporting statement with any additional information relevant to your application for financial aid.

**STATEMENT OF APPLICANT:**

I hereby certify that the foregoing statements are correct to the best of my knowledge and that I will use any aid granted for no other purpose than necessary expenses connected with my education.

\_\_\_\_\_  
 Applicant's signature

\_\_\_\_\_  
 Date

**OPTIONAL STATEMENT:**

Other university departments and agencies outside the university that offer financial assistance occasionally request academic, financial and biographical information regarding applicants. To permit the release of such information, please sign below.

I authorize the release of my academic, financial and biographical information to other university departments and outside agencies to be considered for financial aid.

\_\_\_\_\_  
 Applicant's signature

\_\_\_\_\_  
 Date