



Boston University
 Sargent College of Health and
 Rehabilitation Sciences
 Graduate Admissions Office, Room 207
 635 Commonwealth Avenue
 Boston, Massachusetts 02215
 617-353-2713

Sargent College Graduate Application for Financial Assistance

Date: _____

1. Name: _____ S.S.#: _____
 Last First Middle/Former

2. Local Address (if known): _____
 Street City State Zip Telephone

3. Permanent Address: _____
 Street City State Zip Telephone

4. Are you a U.S. citizen? Yes No (If no, attach photocopy of I-151.)

Age (as of September 1st): Under 24 _____ Over 24 _____

5. Program and degree applied for: _____

6. GRE Scores: _____

7. Date program begins: _____

8. Anticipated Date of Graduation: _____
 Month Year

9. Number of credit hours you expect to register for at Boston University during the academic year (12-18 credits full time):

_____ _____ _____
 Fall Spring Summer

10. Educational Loans Owed:

Stafford Student Loans: \$ _____	Other (please specify; e.g., Parent Plus, MEFA, etc.)	\$ _____
\$ _____		\$ _____
\$ _____		
\$ _____	Total Amount of Indebtedness	\$ _____

11. Indicate the types of assistance for which you wish to be considered:

- College Work-Study program
- Scholarship assistance (full-time students only)
- Perkins Loan
- Federal Direct Stafford Loans

PLEASE COMPLETE THE REVERSE SIDE OF THIS SHEET

12. If you do not receive any financial assistance from the College, how do you plan on financing your education?

13. Please make a brief statement of extenuating circumstances or concerns regarding your financial status.

14. FAFSA filed: Yes Date filed: _____ No If no, when do you intend to file? _____

FAFSA at www.fafsa.ed.gov
Boston University FAFSA Code: 002130

You can apply over the internet at the addresses above. PIN numbers will be mailed to students who filed a FAFSA the previous year, to the permanent home address between November and December 31. Graduate students apply individually (or with spouse) with no parent information.

15. Please submit this application with a signed copy of your federal income tax return by April 1 to the Financial Aid Office at the address below. If you are under 24, please also submit parental federal tax forms if you are applying for **need-based** scholarship assistance.

Boston University/Sargent College
Graduate Financial Aid
635 Commonwealth Avenue
Boston, MA 02215

Applicant Statement: I have provided complete and accurate information on this application. Should the information be verified as inaccurate, I fully understand that Boston University has the right to cancel my financial assistance.

Applicant's signature

Date

Deadline: **April 1**