

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

12. Please make a brief statement of extenuating circumstances or concerns regarding your financial status. (Optional)

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

Graduate students apply individually (or with spouse) with no parent information.

Boston University FAFSA Code: **002130**

Please complete the FAFSA over the internet by April 1st: <http://www.fafsa.ed.gov/>

14. Please submit this application by **April 1** to the Financial Aid Office at the address below.

If you are **under 24**, please also submit parental Federal Tax returns if you are applying for **Need-Based Scholarship** assistance. Student Tax returns needed only by request.

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**