

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: Last	First	Middle/Former		
2. Local Address (if known):				
Street	City	State	Zip	Telephone
3. Permanent Address:				
Street	City	State	Zip	Telephone
1. Are you a U.S. citizen? ☐ Yes ☐ N	No	email:		
Age (as of September 1st): Under	24 Over 24 _			
5. Program and degree applied for: _				
6. Date program begins:				
7. Anticipated Date of Graduation:				
 Anticipated Date of Graduation: Number of credit hours you expect 	Month	Year on University during the a	cademic yea	r (12-18 credits full time):
	Month t to register for at Bosto Fall	on University during the a	Spring	r (12-18 credits full time):
8. Number of credit hours you expect 9. Educational Loans Owed: Federal Student Loans: \$	Month t to register for at Bosto Fall O	on University during the a	Spring	
8. Number of credit hours you expect 9. Educational Loans Owed: Federal Student Loans: \$ \$	Month t to register for at Bosto Fall O Pa	on University during the a ther (please specify; e.g.,	\$\$	
8. Number of credit hours you expect 9. Educational Loans Owed: Federal Student Loans: \$ \$	Month t to register for at Bosto Fall O Pa	on University during the a	\$\$	
8. Number of credit hours you expect 9. Educational Loans Owed: Federal Student Loans: \$ \$	Month t to register for at Bosto Fall Pa	on University during the a	\$\$	

11. If you do not receive any financial assistance from the College, he	ow do you plan on financing your education?
12. Please make a brief statement of extenuating circumstances or c	oncerns regarding your financial status. (Optional)
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3. FAFSA filed: ☐Yes Date filed: [
Graduate students apply individually (or with spouse) with no Boston University FAFSA Code: 002130	parent information.
Please complete the FAFSA over the internet by April 1st: http://v	www.fafsa.ed.gov/
14. Please submit this application by April 1 to the Financial Aid Office	
If you are under 24, please also submit parental Federal Tax retinates Scholarship assistance. Student Tax returns needed only by Boston University/Sargent College Graduate Financial Aid 635 Commonwealth Avenue Boston, MA 02215	urns if you are applying for Need-Based
Applicant Statement: I have provided complete and accurate inform naccurate, I fully understand that Boston University has the right to c	
Applicant's signature	Date

Deadline: April 1