



Boston University College of Health
& Rehabilitation Sciences: Sargent College
Graduate Financial Aid, Room 217
635 Commonwealth Avenue
Boston, MA 02215
617-353-7477

Sargent College Graduate Application For Financial Assistance

Date: _____

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

2. Address: _____
Street City State Zip Telephone:

4. Are you a U.S. citizen? Yes No email: _____
 Age (as of September 1st): Under 24 _____ Over 24 _____ Eligible to receive Federal military and veterans Educational benefits.

5. Program and degree applied for: _____

6. Date program begins: _____

7. Anticipated Date of Graduation: _____
Month Year

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

Fall Spring

9. Educational Loans Owed:
 Federal Student Loans: \$ _____ Other (please specify; e.g., Parent Plus, MEFA, etc.) \$ _____
 \$ _____ \$ _____
 \$ _____

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

- Federal Direct Unsubsidized Loan Scholarship assistance (Full-time students only) Federal Work Study

PLEASE COMPLETE THE REVERSE SIDE OF THIS SHEET

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)

When completing FAFSA be certain to use the IRS Data Retrieval Tool

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 the age of 24**, please submit parental Federal Tax returns if you are applying for B.U. **Need-Based Scholarship** assistance. Student Tax returns needed by request only.

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- **Financial Assistance is reviewed for students that submit a tuition deposit and commit to attending the program of acceptance.**

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**