



11. 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 by April 1<sup>st</sup>: <http://www.fafsa.ed.gov/>

14. Please submit this application by **April 1** to the Financial Aid Office at the address below. (or on the Sargent website - a) or via a Drop box)

Student Tax returns needed by request only.

Boston University College of Health and Rehabilitation Sciences: Sargent College  
Graduate Financial Aid, room 217  
635 Commonwealth Avenue  
Boston, MA 02215

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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 (If completing online, type name)

\_\_\_\_\_  
Date

Deadline: **April 1**