



Boston University College of Health
 & Rehabilitation Sciences: Sargent College
 Graduate Financial Aid, Room 217
 635 Commonwealth Avenue
 Boston, MA 02215
 Phone: 617-353-7477 FAX: 617-358-5620

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

Federal Work Study

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 1st: <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 ~~at 854-5100~~ Drop box)

Student Tax returns needed by request only.

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**