

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 Seniors Graduate Application For Financial Assistance

Date: _

If you have a work study job remember to include this as

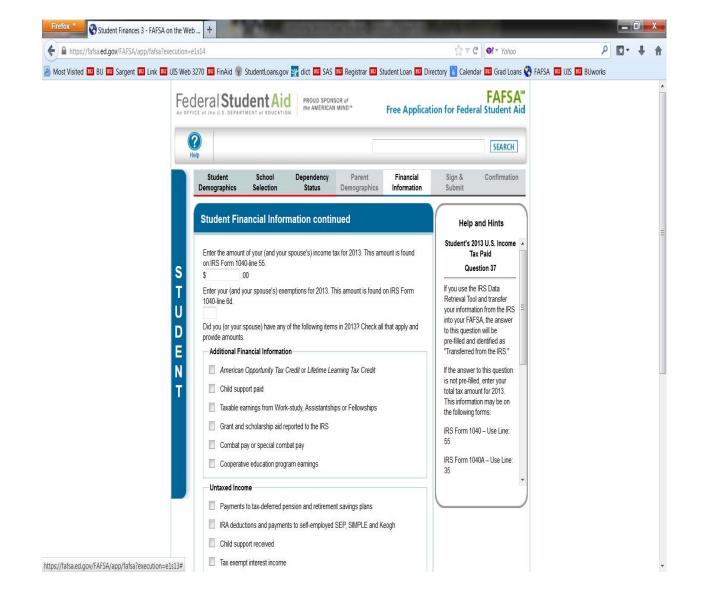
taxable earnings from Work study on FAFSA

		n a: 1 11 /=	BO ID: 0 =	
Last	First	Middle/Former		
Address:				
Street	City	State	Zip	Telephone:
Are you a U.S. citizen? ☐ Yes ☐ No		email:		
Age (as of September 1st): Under 24 Program and degree:			to receive Federal militar Educational benefits.	y and veterans
Anticipated Date of Graduation:	Month	Year		
Number of credit hours you expect	to register for at Bosto	n University during the acaden	nic year (12-18 credits full	time):
Number of credit hours you expect	to register for at Bosto Fall		nic year (12-18 credits full	time):
ducational Loans Owed: Federal Student Loans: \$ \$	Fall		Spring , \$	_
ducational Loans Owed: Federal Student Loans: \$ \$	Fall	Other (please specify; e.g.	Spring , \$	_
Educational Loans Owed: Federal Student Loans: \$ \$	Fall	Other (please specify; e.g. Parent Plus, MEFA, etc	Spring , \$	_

PLEASE COMPLETE THE REVERSE SIDE OFTHIS SHEET

you intend to file?
ure Drop Box on the Sargent financia
s application. Should the information be cancel my financial assistance.
Date:
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Please make a brief statement of extenuating circumstances or concerns regarding your financial status. (Optional)



If you have a **Federal Work Study** job be certain to check off the "Taxable Earnings from Work-Study, Assistantships or Fellowships."

Do Not check the box for "Grant and scholarship aid reported to the IRS" unless your scholarship exceeds Tuition, Books and Fees.

TAXABLE Scholarship is: Educational Assistance that is **Greater than tuition**, books, and fees

Just the amount that exceeds tuition, books and fees.