



2018-2019 Application for Financial Aid

For Undergraduate Summer & Evening Division (UGSED) Students

Student's Name: _____ Student ID: _____

Phone: _____ Non-Clark E-mail: _____

Indicate the number of units in which you plan to enroll (DO NOT LEAVE BLANK):

Summer 2018 # of Units _____ Fall 2018 # of Units _____ Spring 2019 # of Units _____ **(Number needs to be provided)**

Please tell us about any outside resources: During the 2018-2019 academic year will you be eligible for tuition reimbursement by an employer, Vocational Rehabilitation Assistance or scholarships from sources other than Clark University?

Yes _____ No _____ If yes, please explain source and amount: _____

Tell us about your household:

Dependent students: Include your parent(s) and siblings and any other household members who depend on your parent(s) for more than half of their support and will continue to from July 1, 2018 through June 30, 2019.

Independent students: Include your spouse, if you are married, as well as your children and any other household members who depend on you for more than half of their support and will continue to from July 1, 2018 through June 30, 2019.

If any members of the household plan to attend college, matriculating towards a degree program, *at least half-time* during 2018-2019, please list the name of the school and their grade level in college. If more space is needed, please attach a separate sheet.

<u>Full name of all household members</u>	<u>Age</u>	<u>Relationship</u>	<u>Name of College</u>	<u>Will you be Enrolled at Least Half Time?</u>	<u>Undergraduate (U) or Graduate (G)</u>
		Self	Clark University		U
		parent/guardian/spouse			
		parent/guardian/spouse			
		sibling/child			
		sibling/child			

Note:

- ◆ We may request additional information from you during the academic year to complete your application or disburse financial aid to your account. To avoid delays in processing respond to our requests for information promptly.

My signature below (electronic signatures are not accepted) certifies that I have read and understand all information included with my application for financial aid. I agree to provide all required materials as part of my application, and I have made true and accurate statements to the best of my knowledge.

Student's Signature (required)

Date

Parent's Students (dependent students only)

Date

Spouse's Signature (if applicable)

Date

Please print this form, sign it, and return to the Office of Financial Assistance