



2011-12 University Aid Application
Prosthetics/Orthotics

Please type or print in ink

PROGRAM OF STUDY (check all that apply): [] Prosthetics - Fall Term (August) [] Orthotics - Fall Term (August)
[] Prosthetics - Winter Term (November) [] Orthotics - Winter Term (November)
[] Prosthetics - Spring Term (February) [] Orthotics - Spring Term (February)
[] Prosthetics - Summer Term (May) [] Orthotics - Summer Term (May)
2011-12 YEAR IN SCHOOL (check one): [] 1st Year [] 2nd Year [] 3rd Year [] 4th Year Other (List year):
Indicate the month/year you entered or expect to enter NU Indicate the month/year you expect to graduate

A. GENERAL INFORMATION:

1. Applicant's Name: Last Name First Name Middle Initial
2. Social Security Number: Date of Birth:
3. Citizenship: [] U.S. Citizen [] Permanent Resident [] International Student (Visa Type):
4. Permanent Address: Street Address Apt. # City State Zip Code
Permanent Telephone: () E-Mail Address:
Please provide dates during which permanent address is valid: From To (mm/dd/yyyy)
5. Local Address: Street Address Apt. # City State Zip Code
Local Telephone: () E-Mail Address:
Please provide dates during which current address is valid: From To (mm/dd/yyyy)

D. OUTSIDE SCHOLARSHIP ASSISTANCE:

Please indicate any outside scholarship source(s) and the amount you anticipate to receive for the 2011-12 academic year:

Name of Organization/Foundation (source)	Anticipated Amount
_____	\$ _____
_____	\$ _____
_____	\$ _____

Are/Were you a member of the Phi Kappa Sigma fraternity? Yes No

E. OTHER ANTICIPATED FINANCIAL RESOURCES:

Indicate how much you will receive during the 2011-12 academic year:

1. Financial assistance from parents (<i>Discuss with your parents first</i>):	\$ _____
2. Financial assistance from relatives other than parents:	\$ _____
3. Reimbursement from current/prospective EMPLOYER:	Taxed \$ _____ Untaxed \$ _____
Amount PER TERM:	\$ _____
	Fall '11 Winter '12 Spring '12 Summer '12
4. Other resources available - <i>explain in Section I.</i>	\$ _____

F. TAX RETURN STATUS

Please select the item below that best corresponds to you and follow the appropriate instructions.

- A 2010 Federal Income Tax return has been or will be filed.**
- A 2010 Federal Income Tax return was not filed. However, a 2010 foreign income tax form was filed.**
- A 2010 Federal Income Tax return was not filed, and I am/we are not required to file a 2010 Federal Income Tax return.**
[Please report the income under each of the following categories if you checked this item. Also, enclose any W-2 forms you may have received. Report zero '0' for a given category if appropriate—DO NOT LEAVE ANY ITEM BLANK.]

A.	Student's income from work during 2010	\$ _____
B.	Spouse's income from work during 2010	\$ _____
C.	Unemployment compensation received during 2010	\$ _____
D.	Social Security benefits received during 2010	\$ _____
E.	Child support received during 2010	\$ _____
F.	Welfare benefits (e.g., AFDC/ADC) received during 2010	\$ _____
G.	Pension benefits received during 2010	\$ _____
H.	Interest income earned during 2010	\$ _____
I.	Dividends earned during 2010	\$ _____
J.	Capital gains earned during 2010	\$ _____
K.	Foreign income excluded during 2010	\$ _____
L.	Other income (specify type): _____	\$ _____
TOTAL:		\$ _____

G. EXPLANATIONS AND SPECIAL CIRCUMSTANCES:

Use the space below to provide required explanation(s) and/or to explain any special circumstances that you think will influence your eligibility for financial assistance. (*Attach an additional sheet of paper if more space is needed.*)

H. STUDENTS' RELEASE OF INFORMATION:

Do you authorize staff in the Office of Financial Aid, Chicago to disclose financial aid information to your parents, spouse and/or other relatives?

Yes No

Name of relative(s): _____ Relationship: _____

CERTIFICATION STATEMENT: I/We certify that the information I/we have provided is true and correct to the best of my/our knowledge. I/We understand that information from this form may be released to scholarship programs and/or designated donors of funds for which I am selected. I/We agree to notify the Office of Financial Aid, Chicago of any changes to the above information. Furthermore, I/we understand that if I/we have knowingly provided false and/or misleading information, I/we may be reported to the governing agency, which may result in possible penalties and/or revocation of funds for misrepresentation.

Student signature

Date signed

Spouse/prospective spouse signature

Date signed

Return completed application to: Northwestern University, Office of Financial Aid, Chicago, 710 N. Lake Shore Drive, Room 629, Chicago, Illinois 60611-3078.