



2016-17 University Aid Application
Graduate and Professional Programs

Please type or print in ink

PROGRAM OF STUDY (check one): [] Physical Therapy (DPT)
[] Physician Assistant (PA)
[] Prosthetics/Orthotics (MPO)
2016-17 YEAR IN SCHOOL (check one): [] 1st Year [] 2nd Year [] 3rd Year [] 4th Year Other (List year): _____

GENERAL INFORMATION:

Applicant's Name: Last Name First Name Middle Initial

Student ID: Date of Birth: (if not yet assigned, please leave blank)

Citizenship: [] U.S. Citizen
[] Permanent Resident
[] International Student (Visa Type): _____

5. Do you plan to use the University's health insurance plan? (Note: Your response to this question will not register you nor waive you from University Health Insurance.)
[] Yes
[] No

FINANCIAL AID ELIGIBILITY AND FEDERAL APPLICATION STATUS:

Which of the following best describes the current status of your 2016-17 Free Application for Federal Student Aid (FAFSA)? (check one)

- [] I completed the FAFSA/Renewal FAFSA and submitted it to the federal processor on (date) _____.
[] I have not completed my FAFSA/Renewal FAFSA but will do so and submit it to the federal processor.
[] I am not required to file the FAFSA/Renewal FAFSA because I am an international student.

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

Are you currently or have you ever served in the US Armed Forces? Yes No

OUTSIDE SCHOLARSHIP ASSISTANCE:

Please indicate any outside scholarship source(s) and the amount you anticipate to receive for the 2016-17 academic year:

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

OTHER ANTICIPATED FINANCIAL RESOURCES:

Indicate how much you will receive during the 2016-17 academic year:

- 1. Financial assistance from parents (*Discuss with your parents first*): \$ _____
- 2. Financial assistance from relatives other than parents: \$ _____
- 3. Reimbursement from current/prospective EMPLOYER: \$ _____
 - a. Is this amount subject to a percentage of tuition? (i.e. 75%) _____%
 - a. How much of this assistance is untaxed?: \$ _____
 - b. What time period does this cover (Select one only)
 - Calendar Year 2016 **and** 2017 (i.e. On January 1 of every year, employee is eligible)
 - Academic year (i.e. September 2016-August 2017)
 - Alternative time period: Specify _____ through _____
- 4. Other resources available - *explain below* \$ _____

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.*)

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