



2021-2022 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)
2021-22 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)

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 2021-22 Free Application for Federal Student Aid (FAFSA)? (check one)

- [] I completed the FAFSA and submitted it to the federal processor on _____ (date).
[] I have not completed my FAFSA but will do so and submit it to the federal processor.
[] I am not required to file the FAFSA because
- I am not a U.S. Citizen or Permanent Resident -or-
- I will be enrolled less-than-half-time for the entire academic year -or-
- I will be applying for a private loan

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

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: _____

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 (electronic signatures not accepted)

Date signed

Spouse/prospective spouse signature (electronic signatures not accepted)

Date signed

Return completed application to: Northwestern University, Office of Financial Aid, Chicago, 710 N. Lake Shore Drive, Room 629, Chicago, Illinois 60611-3078 or email PDF to financial-aid-chicago@northwestern.edu.