



**Office of Financial Aid, Chicago**  
 710 N.Lake Shore Drive, Room 629  
 Chicago, IL 60611-3078  
 Phone: (312) 503-8722  
 Fax: (312) 503-8700  
 financial-aid-chicago@northwestern.edu

## 2020-2021 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)

  

2020-21 YEAR IN SCHOOL (check one):     1<sup>st</sup> Year     2<sup>nd</sup> Year     3<sup>rd</sup> Year     4<sup>th</sup> Year    Other (List year): \_\_\_\_\_

**GENERAL INFORMATION:**

Applicant's Name: \_\_\_\_\_

Last Name	First Name	Middle Initial
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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 2020-21 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](mailto:financial-aid-chicago@northwestern.edu).