Yale School of Nursing
FINANCIAL AID APPLICATION
FOR INTERNATIONAL STUDENTS

Complete this application no earlier than January 1st of the year you wish to enroll

Student's Name _____ Date and Place of Birth _____/_____
Last (*family)* First Middle

Permanent Address _____ Citizenship_____
_____ Female _____ Male _____
_____ Single _____ Married _____

Mailing Address _____ Email_____
(If Different) _____
_____
_____

Student's Household

Name	Relationship	Age	Come to the U.S. with you?	Join you later?	Stay home?
_____	_____	___	_____	_____	_____
_____	_____	___	_____	_____	_____
_____	_____	___	_____	_____	_____

Student and Spouse's Income. List all amounts in U.S. dollars.

Student's income from work for the previous calendar year (January through December) _____
Spouse's income from work, for the same period _____

Income from investments_____

Other income_____

Cash and savings_____

Home equity (market value minus mortgage) _____

List any other assets owned by you or your spouse_____

List agencies/foundations/governments to which you are or will apply for financial aid.	Amount?	When will they notify you?
_____	_____	_____
_____	_____	_____
_____	_____	_____

Certification:
I/we declare that the information on this form is true, correct, and complete. I/we further certify that we will inform the Financial Aid Office of any scholarships, fellowships or additional aid. I/we understand this may result in a revised Financial Aid Award.

Student's Signature_____Date_____Spouse's Signature_____Date_____

Please Mail To:
Financial Aid Office
Yale School of Nursing
P.O. Box 9740
New Haven, CT 06536-0740