

Yale School of Nursing
Financial Aid Application

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

Incoming Student _____

Returning Student _____

Name _____ SSN _____ Date of Birth _____

Sex: M__ F__ Marital Status: Single __ Married __ Expected Graduation (mth/yr) _____

Citizenship _____ if you are not a U.S. Citizen, are you a U.S. Permanent Resident? __

Enrollment Status (check all that apply):

Full time ____ Entering GEPN ____ 1st Year Specialty ____

Part Time, 3 year ____ Entering RN ____ 2nd Year Specialty ____

Part Time, 4 year ____

1. If you are now or have ever been in default on a student loan, please attach an explanation.

2. List any employee benefits or outside scholarships that you have applied for, the amount, and the status of your application: _____

3. List the age and cost for child care, if applicable: _____

4. If married, will your spouse be enrolled full time? If yes, give the name of the school, location, and financial aid: _____

5. Please list your assets and current value (cash, savings, retirement accounts, investments, trusts, business property): _____

6. Is there anyone we may discuss your financial aid or student account with? Please print the name and relationship: _____

7. **Incoming Students Only:** list all previous educational institutions and student loans taken: _____

I hereby certify that the information given is true and complete. I agree to notify the Financial Aid Office immediately of any changes and understand that my aid may change as a result.

Signature _____ Date _____

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