

**Yale University School of Nursing
Financial Aid Application
2008-2009**

Incoming Student _____

Returning Student _____

Name _____ SSN _____

Date of Birth _____ Sex M F

Marital Status Single Married Expected Graduation (month/year) _____

Citizenship _____ If you are not a U.S. citizen, are you a U.S. Permanent resident?

Enrollment Status (check all that apply):

<input type="checkbox"/> Full time	<input type="checkbox"/> Entering GEPN	<input type="checkbox"/> 1 st year specialty
<input type="checkbox"/> Part time, 3-year	<input type="checkbox"/> Entering RN	<input type="checkbox"/> 2 nd year specialty
<input type="checkbox"/> Part-time, 4 year		<input type="checkbox"/> Psych specialty
<input type="checkbox"/> Part-time		

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

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

3. Please list the age and approximate cost for child care, if applicable:

4. Do you have unusual medical expenses? If so, please explain.

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5. If married, will your spouse be enrolled in a college or university? If so, please complete:

School	Full time or part-time	Financial Aid

6. Please list your assets and current value (cash, savings, retirement accounts, investments, trusts):

7. The Buckley Amendment prohibits us from discussing your financial aid or student account unless you give us written permission. If there is someone you give this permission to, please print the name and relationship of that person(s) below:

Name _____ Relationship to student _____

Name _____ Relationship to student _____

8. INCOMING STUDENTS ONLY: List all educational institutions attended and total amount of scholarships and loans, or best estimate.

School	Dates of attendance	Scholarship	Student Loans

I hereby certify that the information given on this application is true and complete. I agree to notify the Financial Aid Office immediately of any changes in my family or personal financial situation. I understand that my financial aid may change as a result.

(Signature) _____ (Date) _____

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