

# Yale SCHOOL OF NURSING

*Office of Financial Aid*

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West Haven, CT 06516-9072

T 203-737-1790  
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F 203-436-9761  
nursing.yale.edu  
ysnfinancialaid@yale.edu

## Financial Aid: Signature Page 2021-2022

**Directions:** form must be signed with black or blue ink to be processed. Completed forms may be emailed to [YSNfinancialaid@yale.edu](mailto:YSNfinancialaid@yale.edu), faxed to 203-737-5409 or mailed to the Financial Aid Office of Enrollment Management, Yale School of Nursing, P.O. Box 27399, West Haven, CT 06516-9072

First Name	Middle Initial	Last Name
<b>Section 1: Certification</b>		
Student Signature _____		Date _____
Spouse Signature (if applicable) _____		Date _____
<b>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. I understand that purposely giving false or misleading information, may result in a fine, being sent to prison, or both.</b>		