

Yale SCHOOL OF NURSING

Office of Financial Aid

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Orange, CT 06477
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West Haven, CT 06516-9072

T 203-737-1790
T 203-737-3868
F 203-436-9761
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ysnfinancialaid@yale.edu

Financial Aid: Signature Page 2022-2023

Directions: form must be signed with black or blue ink to be processed. Completed forms may be emailed to YSNfinancialaid@yale.edu, faxed to 203-436-9761 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
Section 1: Certification		
Student Signature _____		Date _____
Spouse Signature (if applicable) _____		Date _____
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.		