

# Yale SCHOOL OF NURSING

## Office of Financial Aid

### Financial Aid Application 2022-2023

**Directions:** Application must be completed in its entirety to be processed. Completed applications may be emailed to [YSNfinancialaid@yale.edu](mailto:YSNfinancialaid@yale.edu), faxed to 203-436-9761 or mailed to Office of Enrollment Management, Yale School of Nursing, P.O. Box 27399, West Haven, CT 06516-9072

400 West Campus Drive  
Orange, CT 06477  
PO Box 27399  
West Haven, CT 06516-9072

T 203-737-1790  
T 203-737-3868  
F 203-436-9761  
nursing.yale.edu  
[ysnfinancialaid@yale.edu](mailto:ysnfinancialaid@yale.edu)

<b>First Name</b>		<b>Middle Initial</b>	<b>Last Name</b>		
<b>Section 1: Student Information</b>					
<b>Date of Birth:</b>	<b>Enrollment status:</b> Full time <input type="checkbox"/> Part time <input type="checkbox"/>	<b>Gender:</b> Male <input type="checkbox"/> Female <input type="checkbox"/>	<b>Marital Status:</b> Single <input type="checkbox"/> Married <input type="checkbox"/>	<b>Are you a U.S citizen?</b> Yes <input type="checkbox"/> No <input type="checkbox"/>	<b>Are you a Permanent Resident?</b> Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>If not a U.S citizen, please provide a country of citizenship</b>		<b>Are you a Joint Degree student?</b> YSN/Public Health <input type="checkbox"/> YSN/Divinity <input type="checkbox"/>		<b>Are you a veteran or qualify for VA benefits?</b> Yes <input type="checkbox"/> if yes, chapter # _____ No <input type="checkbox"/>	
<b>Section 2: Program Information</b>					
Incoming GEPN <input type="checkbox"/>		Incoming MSN/RN/Post MSN <input type="checkbox"/>		Incoming DNP <input type="checkbox"/>	
Specialty Area/Program Type (MSN & DNP Only) _____					
<b>Section 3: Household size information (List all members of your household)</b>					
<b>Name</b>		<b>Age</b>	<b>Relationship</b>		
			<i>Self</i>		
<b>Section 4: Student Financial Aid History</b>					
Are you now or have ever been in default on a student loan? Yes <input type="checkbox"/> No <input type="checkbox"/>					
<b>If yes, please complete the section below</b>					
<b>Institution</b>			<b>Amount Borrowed</b>		
			\$		
			\$		
			\$		