

**2019-2020 Application for Financial Aid**  
 For Undergraduate Summer & Evening Division (UGSED) Students

Student's Name: \_\_\_\_\_ Student ID: \_\_\_\_\_

Phone: \_\_\_\_\_ Non-Clark E-mail: \_\_\_\_\_

**Indicate the number of units in which you plan to enroll (DO NOT LEAVE BLANK):**

Summer 2019 # of Units \_\_\_\_\_ Fall 2019 # of Units \_\_\_\_\_ Spring 2020 # of Units \_\_\_\_\_ **(Number needs to be provided)**

**Please tell us about any outside resources: During the 2019-2020 academic year will you be eligible for tuition reimbursement by an employer, Vocational Rehabilitation Assistance or scholarships from sources other than Clark University?**

Yes \_\_\_\_ No \_\_\_\_ If yes, please explain source and amount: \_\_\_\_\_

Tell us about your household:

**Dependent students:** Include your parent(s) and siblings and any other household members who depend on your parent(s) for more than half of their support and will continue to from July 1, 2019 through June 30, 2020.

**Independent students:** Include your spouse, if you are married, as well as your children and any other household members who depend on you for more than half of their support and will continue to from July 1, 2019 through June 30, 2020.

If any members of the household plan to attend college, matriculating towards a degree program, *at least half-time* during 2019-2020, please list the name of the school and their grade level in college. If more space is needed, please attach a separate sheet.

<u>Full name of all household members</u>	<u>Age</u>	<u>Relationship</u>	<u>Name of College</u>	<u>Will you be Enrolled at Least Half Time?</u>	<u>Undergraduate (U) or Graduate (G)</u>
		<b>Self</b>	<b>Clark University</b>		<b>U</b>
		parent/guardian/spouse			
		parent/guardian/spouse			
		sibling/child			
		sibling/child			

**Note:**

- ◆ We may request additional information from you during the academic year to complete your application or disburse financial aid to your account. To avoid delays in processing respond to our requests for information promptly.

*My signature below (**electronic signatures are not accepted**) certifies that I have read and understand all information included with my application for financial aid. I agree to provide all required materials as part of my application, and I have made true and accurate statements to the best of my knowledge.*

\_\_\_\_\_  
*Student's Signature (required)* \_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Parent's Students (dependent students only)* \_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Spouse's Signature (if applicable)* \_\_\_\_\_  
*Date*

**Please print this form, sign it, and return to the Office of Financial Assistance**