



2020-2021 Graduate Financial Aid Application

This form is required for all graduate students seeking financial assistance. To be eligible for financial aid as a graduate student, you must be matriculated, in good academic standing and in compliance with various regulatory requirements of federal and state programs, as well as with university policies and procedures.

Return form to Graduate Financial Aid via fax (203)582-4061, in-person (North Haven, MNH- 275), email or mail.

*Required Field

Name:		
*QU ID (see acceptance letter):	Daytime Phone:	Cell Phone:
Graduate Program:	Anticipated Graduation Date from Graduate School:	
<input type="checkbox"/> Starting in a QU Graduate Degree Program	<input type="checkbox"/> Continuing in a QU Graduate Degree Program	

ENROLLMENT INFORMATION

CHECK (v) EACH SEMESTER/SESSIONS IN WHICH YOU WISH TO BE AWARDED AND RECEIVE FINANCIAL AID

For Federal Student loans, a student must be enrolled at least half-time to qualify for a Federal Direct loan.					
<i>Enrollment</i>	<i>Full Time</i> (14+ credits)	<i>Full Time</i> (9-13 credits)	<i>Half-Time</i> (5-8 credit)	<i>Not Eligible for Aid</i> Less than ½ time (1-4 credits)	<i>Not Seeking Aid</i>
Summer 2020					
Fall 2020					
Spring 2021					

HOUSING INFORMATION FOR 2020-21

List your housing plans for the 2020-21 year; indicate where you will be living the majority of the time: <input type="checkbox"/> Off Campus not with Parents <input type="checkbox"/> At Home with Parents <input type="checkbox"/> Quinnipiac Housing - On Campus/Off Campus—Location (if known) _____

SIBLING ENROLLMENT INFORMATION FOR 2020-21

Do you have a sibling who is attending Quinnipiac University for the 2020-21 school year (fall/spring) and will be enrolled full-time?	
Yes	No
If Yes, provide sibling's name: _____ Sibling's QU ID: _____	

Student Name: _____ Student QU ID#: _____

OUTSIDE SCHOLARSHIPS / EMPLOYEE BENEFITS

If you expect to receive any outside assistance, such as employer tuition reimbursement, non-Quinnipiac scholarships, veteran's benefits, tuition waivers, occupational and/or vocational rehabilitation benefits, etc., please list.

<i>Source</i>	<i>Total Amount Receiving</i>	<i>When Receiving (Semester/Calendar Year/ Academic Year)</i>
<u>Quinnipiac University Employee Benefit</u>		
Name of Employee	Department	

AUTHORIZATIONS

Statement of Certification and Understanding

I certify, to the best of my knowledge, that the information is true and correct. I understand that the university reserves the right to reduce or withdraw any or all aid if I fail to comply with the university's procedures and policies or with federal or state rules and regulations.

Student's signature and date _____

Authorization for Release of Financial Information to Third Parties

Due to the FERPA Privacy Act, the Graduate Financial Aid staff does not release information regarding your personal situation. If you wish to share information, please complete the following each year:

Third party name(s) _____

Third party relationship _____

Third party phone number _____

I authorize the Quinnipiac University Office of Graduate Financial Aid to release information pertaining to my financial aid, application, and/or award status.

Student's signature and date _____

Font signatures are not acceptable for a third party release

Return via fax, mail or in-person to:

Office Location: Graduate Financial Aid, Quinnipiac University, 370 Bassett Road, MNH275, North Haven, CT 06473
Mailing Address: Graduate Financial Aid, Quinnipiac University, 275 Mount Carmel Ave., NH-GRD, Hamden, CT 06518
Fax (203)582-4061 Phone (203)582-8588 Email gradfinaid@quinnipiac.edu