



## 2021-2022 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 (5-8 credits) each semester to qualify for financial aid..					
<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 2021					
Fall 2021					
Spring 2022					

### HOUSING INFORMATION FOR 2020-21

List your housing plans for the 2021-22 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) _____
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### SIBLING ENROLLMENT INFORMATION FOR 2021-22

Do you have a sibling who is attending Quinnipiac University for the 2021-22 school year (fall/spring) and will be enrolled full-time? Yes                      No If Yes, provide sibling's name: _____ Sibling's QU ID: _____
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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*

<p>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.</p> <p>Student's signature and date _____</p>
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**Authorization for Release of Financial Information to Third Parties**

<p>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:</p> <p>Third party name(s) _____</p> <p>Third party relationship _____</p> <p>Third party phone number _____</p> <p>I authorize the Quinnipiac University Office of Graduate Financial Aid to release information pertaining to my financial aid, application, and/or award status.</p> <p>Student's signature and date _____</p> <p align="center"><b><i>Font signatures are <u>not</u> acceptable for a third party release</i></b></p>
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**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](mailto:gradfinaid@quinnipiac.edu)