2017-2018 Graduate Financial Aid
Grant Application Student Information

This application is used in conjunction with the information provided on the FAFSA to determine eligibility for University grant funding for full-time students. Students receiving Quinnipiac scholarships or tuition waivers or are in an online program are not eligible and should not complete this form. Priority Deadlines: Summer Financial Aid 4/1/17 and Fall Financial Aid 7/1/17.

Parent information is required on the FAFSA and Grant application if students are under age 26 or married and under age 24.

**Student Information** – All information must be completed, if not applicable indicate “NA”

Student Name ______________________________________________________ QU Student ID ________________________________

Program of Study __________________________________________________________

Student’s Age as of Today __________________________ Marital Status ________________________________

List all household members the student/spouse is providing financial support for in 2017-18:

<table>
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<tr>
<th>NAME</th>
<th>Relationship to Student</th>
<th>Age</th>
<th>College Attending 17/18</th>
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Do you own a business?   Yes   No

Kind of Business ________________________________

Business value ________________________________

Business Debt ________________________________

Amount of Educational Loan Debt Owed by Student:

Federal Educational Loan debt ________________________________

Private Educational Loan debt ________________________________

Other Educational Loan debt (provide type) ________________________________

Special Circumstances: Please include any specific information you wish the financial aid staff to be aware of when reviewing your file that may affect your financial situation and paying for your education. Please be sure to include a timeline/dates if relevant to your situation. (Attach separate paper with student name and QU ID, if needed).

By completing this application I attest the information is true and accurate. I further understand any information provided on this application maybe verified by the Financial Aid Office.

Student’s Signature ________________________________ Date ____________

Return Application to Quinnipiac University Graduate Financial Aid Office, 275 Mt Carmel Ave, NH-GRD, Hamden, CT 06518

Phone: 203-582-8588  Fax 203-582-4061  Email: gradfinaid@qu.edu
2017-18 Quinnipiac Graduate Grant Application – Parent Information

Student Name __________________________ QU Student ID __________________________

Has the student completed a FAFSA & the Graduate Grant application for 2017-18?  Yes  No

Parent Information – Only complete if student under age 26 or married and under age 24. All information must be completed, if not applicable indicate “NA”

Parent 1 Name __________________________

Job Title/Occupation __________________________ Employer __________________________

Parent 2 Name __________________________

Job Title/Occupation __________________________ Employer __________________________

List all household members the family is providing financial support for in 2017-18:

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Do you own your own home?  Yes  No  If yes, year purchased __________________________

Home value __________________________ Home Debt __________________________

Do you own a business?  Yes  No  Kind of Business __________________________

Business value __________________________ Business Debt __________________________

Educational Debt Owed by Parent as of today (include only loans in parents’ name) __________________________

Special Circumstances: Please include any specific information you wish the financial aid staff to be aware of when reviewing your file that may affect your financial situation and paying for your education. Please be sure to include a timeline/dates if relevant to your situation. (Attach separate paper with student name and QU ID, if needed).

By completing this application I attest the information is true and accurate. I further understand any information provided on this application maybe verified by the Financial Aid Office.

Parent’s Signature __________________________ Date __________________________

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