



2019-2020 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 on-ground students. Students receiving Quinnipiac scholarships or tuition waivers will not be given priority consideration and may wish to not complete this optional application. Priority Deadlines: Summer Financial Aid 4/15/19 and Fall Financial Aid 7/1/19.

Parent information is required on the FAFSA and Grant application for unmarried students under the age of 26 or married students under the age of 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 _____

Have you included your parents’ information on the FAFSA, if you are unmarried and under age 26? Yes No

Will you live in parent’s home while at school? Yes No

List the household members the student/spouse is providing financial support for in 2019-20:

| NAME | Relationship to Student | Age | College Attending 2019-20 |
|-------|-------------------------|-------|---------------------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

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

Business value _____ Business Debt _____

Amount of Educational Loan Debt Owed by Student (as of today) – do not include upcoming loans for 2019-20:

Federal Educational Loan debt _____ Private Educational Loan debt _____

Other Educational Loan debt the student is responsible to pay back (provide type) _____

Additional Information: Include any specific information you wish the financial aid staff to be aware of when your file is reviewed that may affect your ability to pay 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 may be verified by the Financial Aid Office.

Student’s Signature _____ Date _____

Return Application to: Quinnipiac University Graduate Financial Aid Office, 275 Mount Carmel Avenue, NH-GRD, Hamden, CT 06518
Phone: 203-582-8588 Fax 203-582-4061 Email: gradfinaid@qu.edu

2019-20 Quinnipiac Graduate Grant Application – Parent Information

Only complete this section - if the student is unmarried and under age 26 or married and under age 24

Student Name _____ **QU Student ID** _____

This application is used in conjunction with the information provided on the FAFSA to determine eligibility for University grant funding for full-time on-ground students.

Has the student completed a FAFSA & the Graduate Grant application for 2019-20? Yes No

Was your information included on the FAFSA for 2019-20? Yes No

If No, please correct the FAFSA (www.fafsa.gov) to include parent information.

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

Parent 1: Name _____

Job Title/Occupation _____ Employer _____

Parent 2: Name _____

Job Title/Occupation _____ Employer _____

Which parent does the student reside with? _____

List the household members the family is providing financial support for in 2019-20:

| NAME | Relationship to Student | Age | College Attending 2019-20 |
|-------|-------------------------|-------|---------------------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

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 borrowed in parents’ name) _____

Additional Information: Include information the financial aid staff should be aware of when reviewing your file that may affect your ability to pay for your child’s education. Please be sure to include a timeline/dates if relevant to your situation. (If needed, attach separate paper and include student name and QU ID).

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

Parent’s Signature _____ Date _____