Quinipiac 2023-2024 Graduate Financial Aid Grant Application Student Information

Students who are full-time in an on-campus program and wish to be considered for the University grant funding must complete this application in conjunction with the 2022-23 FAFSA. Students receiving Quinnipiac scholarships or tuition waivers or enrolled part-time may not be given priority consideration and may not wish to complete this optional application. Priority Deadlines: Summer 4/15/23 and Fall 7/1/23. Failure to provide the required information will result in the application not being reviewed and not considered for grant funding.

For unmarried students under the age of 26 as of 5/15/23 or married students under the age of 24, parent information is required on the FAFSA and the parent section of the grant application.

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	Ma	rital Status			
Have you completed a FAFSA for	Yes	No			
If unmarried and under age 26, ha If No, access your FAFSA (fafsa.g					No
Will you live in parent's home whil	e at school?	Yes	No		
List all household members the	student and/or	<u>spouse</u> is provid	ling financial s	support for in 2023-24:	
NAME	Relationsh	ip to Student	Age	College Attending 2023-24	
Amount of Cash/Savings/Check	king as of today _ Yes No				
Business value	Business Debt				
Amount of Educational Loan De	ebt Owed by Stud	dent (as of today	/) – do not incl	ude upcoming loans fo	r 2023-24:
Federal Educational Loan debt	Private Educational Loan debt				
Other Educational Loan debt the	student is respons	sible to pay back	(provide type)_		
Additional Information: Include a that may affect your ability to pay for y separate paper with student name an	your education. Plea	ase be sure to inclu			

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

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

PARENT SECTION

Quinnipiac GRANT APPLICATION 2023-24

Complete this section if the student is unmarried and under age 26 as of 5/15/23 or married and under age 24.

Priority deadlines: Seeking Summer Aid 4/15/23 & Seeking Fall Aid 7/1/23

Student Name		QU Student ID				
This application is used in conjunction wit determine eligibility for University grant fu result in the application not being revie	nding for full-time on-campus	students. Failure to provid				
If No, submit a FAFSA (<u>www.fafs</u> 2. Did the student complete the Stud 3. Have you included your parent int	ent completed a FAFSA for 2023-24? mit a FAFSA (<u>www.fafsa.gov</u>) for consideration nt complete the Student section of the Grant Application luded your parent information on the student's FAFSA for 2023-24 ase correct the FAFSA (<u>www.fafsa.gov</u>) to include parent information			No No No		
Parent Information - All information	must be completed, if not a	applicable indicate "NA"				
Parent 1: Name						
Job Title/Occupation	upationEmployer					
Parent 2: Name						
Job Title/Occupation		Employer				
Which parent does the student reside	with?					
List all household members the far	nily is providing financial	support for in 2023-24				
NAME	Relationship to Student	Age	College Atter	nding 2023-24		
Do you own your own home? Yes	No	lf yes, year purchased <u>.</u>				
Home value		Home Debt				
Do you own a business? Yes	No	Kind of Business				
Business value		Business Debt				
Educational Debt Owed by Parent a	as of today (only include lo	ans 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 the Financial Aid Office may verify any information provided on this application.

Parent's Signature

Date

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