



24-25 Graduate Student Financial Aid Application

This form requests information to meet federal and institutional regulations for financial assistance. It will be used to check the accuracy of the information provided on your FAFSA. You **must** submit this form before your financial assistance can be awarded.

Section 1: Personal Information

Name: _____ Student ID #: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Date of Birth: _____ Email Address: _____

Home Phone: _____ Cell/Other Phone: _____ Work Phone: _____

Section 2: Application and Enrollment Status

Application Status:

Have you completed the 2024-2025 Free Application for Federal Student Aid (FAFSA)?

☐ Yes

☐ No: you must complete the FAFSA before your application may be processed; SHU's school code is 001403.

Select the College or School and indicate the program you are fully matriculated in:

☐ College of Arts and Sciences: _____

☐ School of Communication, Media & the Arts: _____

☐ School of Social Work: _____

☐ Jack Welch College of Business & Technology: _____

☐ School of Computer Science & Engineering: _____

☐ Isabelle Farrington College of Education: _____

☐ College of Health Professions: _____

☐ Davis & Henley College of Nursing: _____

Please note that if you are **provisionally** accepted, taking **pre-requisite courses**, or are in a **non-degree program** and **do not** qualify for financial aid. Please contact the Office of Student Financial Assistance with any questions.



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Housing Status:

- ☐ Off-Campus
- ☐ Living with Parents

Number of Credits:

If you plan to attend in any of the following terms, you must list the credits that apply to that semester. If your enrollment plans change for any reason, you must notify the Office of Student Financial Assistance immediately.

Semester	Number of Credits
Fall 2024 (Modules 1 and 2)	
Spring 2025 (Modules 3 and 4)	
Late Spring 2025	
Summer Session 1 2025 (Module 5)	
Summer Session 2 2025 (Module 6)	
Total:	

Section 3: Student Financial Information

Funding Sources: I anticipate receiving funds for my education from the following source(s):

Employer

- ☐ Yes; **Employer Name:** _____ **Amount:** _____
- ☐ No

Teacher Internship Program

- ☐ Yes; **School Name:** _____ **Amount:** _____
- ☐ No

Living Expenses: Please provide estimates for the following monthly expenses:

Housing/Rent: \$ _____

Utilities: \$ _____

Transportation: \$ _____

Food: \$ _____



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Personal: \$ _____

Total: \$ _____



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Section 4: Statement of Understanding

Please note that in order to be eligible to receive financial assistance a student **must**:

- Be accepted and attend SHU on at least a half-time basis (3 credits per term) in a Graduate degree program
- Not be in default on a federal student loan
- Not owe a refund on a federal student grant/loan
- Be a U.S. citizen or eligible non-citizen
- Maintain satisfactory academic progress (minimum cumulative GPA of 3.0 or above)

I understand that any form of federal financial assistance is based on demonstrated financial need. Need is determined by the cost of my educational program, which is based on the number of credits I enroll in each term, less the Student Aid Index (SAI) and any other form of financial assistance (i.e. employer reimbursement, private scholarships).

I understand that if there is a change in my enrollment plans from what I have certified in Section II of this form, I must notify the Office of Student Financial Assistance and that my financial aid award may be revised.

If information received during the process of Verification changes the result of my student aid index, a revision and/or cancellation of my award may occur.

If my award includes a Federal Direct Loan I understand I must contact my servicer, in writing, within ten (10) days if I change my name, address, telephone number, graduation date, or enrollment status and/or withdraw from the University.

I understand that in order to continue to receive federal financial assistance I must maintain satisfactory academic progress. If I am placed on academic probation or dismissed from the University, my award will be cancelled for subsequent semesters.

I certify that I have read and understand the above requirements and that all the information on this form is true and correct to the best of my knowledge.

Student Signature: _____ **Date:** _____

**This document may be submitted to the Office of Student Financial Assistance only via [SHUAwards](#) (Menu > My Documents > Upload it now!), secure fax, mail, or in-person as it contains personally identifiable information.
5151 Park Avenue, Fairfield, CT 06825 203-371-7980 (*phone*) 203-365-7608 (*secure fax*)**