## FINANCIAL AID APPLICATION FOR GRANTS/SCHOLARSHIPS FROM SCHOOL OF SOCIAL WORK RESOURCES

SUBMIT COMPLETED FORM TO:

Office of Student Services
University of Michigan School of Social Work
1080 South University, Room 1748
Ann Arbor, MI 48109-1106
ssw-finaid@umich.edu

Applicants are encouraged to submit this financial aid application with the MSW application for admission. DO NOT SUBMIT THIS FORM IF YOU HAVE ALREADY SUBMITTED THE FINANCIAL AID APPLICATION FOR THE SAME TERM AS A PART OF THE MSW ONLINE APPLICATION. The information submitted on this form has no bearing on the admissions decision. However, early submission will ensure a timelier decision on your financial aid application if admission is granted. Please see the section on Financial Aid on the School of Social Work website for additional information.

Failure to complete all applicable items on this form may result in a delay in determining your eligibility. Indicate any non-applicable information with N/A. PLEASE TYPE.

Indicate any non-applicable information with N/A. PLEASE TYPE.						
FULL NAME						
Last	First	Middle				
UMID:	EMAIL:					
CURRENT MAILING ADDRESS:		Valid until:				
	PHONE:					
PERMANENT ADDRESS:						
	PHONE:					
Please keep the School of Social Work informed		110/12/				
<b>RESIDENCY:</b> CITIZENS ☐ MICHIGAN ☐ U.S. C	SHIP: CITIZEN	EXPECTED TERM OF ENROLLMENT:  Fall Term 2018				
□ NON-MICHIGAN □ PERMANENT RESIDENT OF U.S. □ NON-U.S. CITIZEN/INTERNATIONAL						
		ANTICIPATED MSW GRADUATION DATE:				
DUAL DEGREE/CERTIFICATE PROGRAM(S)		CURRICULUM SCHEDULE (TRACK):				
<ul><li>□ N/A</li><li>□ PUBLIC HEALTH</li><li>□ BUSINESS ADMINISTRATION</li><li>□ PUBLIC POLICY</li></ul>		☐ 12 MONTH (ADVANCED STANDING) ☐ 16 MONTH				
	URBAN PLANNING	20 MONTH				
☐ JEWISH COMMUNAL LEADERSHIP		MASTERS INTL ADVANCED STANDING				
LAW OTHER, please specify		☐ MASTERS INTL 20 MONTH				
1) Indicate the type(s) of financial aid you	licate the type(s) of financial aid you are applying for:  Merit-based aid**  Need-based aid					
		rcumstances/Comments" section on page 2.				
NOTE: **International students are elig	ible to apply for merit-based aid	only.				
		AFSA) that is required for consideration of need-base				
aid and authorized the release of your 002325)?	FAFSA data to the University	y of Michigan Office of Financial Aid (Title IV Cod				
<u> </u>	ut plan to.					
,	•					
3) Do you plan to apply for the following types of need-based financial assistance through the University of N Financial Aid (OFA)?						
a. Federal College Work/Study Progra	ım .	YES 🗆 NO				
b. Federal Direct Student Loan Program (requires enrollment of at least 4 cre		YES NO				
If NO why?						

## **ASSET INFORMATION:**

ha yo	You must provide information about your (and you have jointly owned assets, give only your portion of you (and your spouse). If you (and your spouse) honly your (and your spouse's) portion of the assets	of the assets and debts have assets owned join	. Be sure to give in tly with someone el	formation about assets held in trust for sesuch as a business or farmgive				
1)	1) Marital Status: Single, Divorced, or Wido	wed   Married	Separated	Total # in household:				
2)	2) Total current balance of cash, savings, and che	ecking accounts: \$						
3)	Mhat is the current <u>net worth</u> of investments (current value minus debt): \$							
4)	What is the current <u>net worth</u> of business and/or investment farms (current value minus debt): \$							
Al	ANTICIPATED RESOURCES:							
1)	) Do you plan to work (excluding College Work-Study) while enrolled in the MSW Program?   YES  NO Hrs./week Approx. gross earnings/month: \$							
2)	2) Spouse's/Partner's anticipated gross earnings p	per month: \$						
3)	3) Will you receive financial assistance or have an	ny other anticipated so	ources of income (i.e	e., parental/family support, employer				
	reimbursement, teaching or research assistants! If yes, please specify type, amount, and duration	•						
4)	4) List the names and ages of any dependents:							
5)	5) Estimate monthly childcare expenses (if any) d	5) Estimate monthly childcare expenses (if any) during full-time enrollment (8-month period):						
6)	6) Balance still owed on <u>your federal educational</u>	loans from undergrad	uate and/or graduate	e education: \$				
	IT IS YOUR RESPONSIBILITY TO INFORM	THE SCHOOL OF SO	OCIAL WORK OF A	ANY CHANGES IN RESOURCES.				
If	UNUSUAL CIRCUMSTANCES/COMMENTS If you have unusual circumstances/additional com information on a separate sheet and attach to this f	ments regarding your	financial situation, i	ndicate below or include this				
po	I certify that all information submitted on this portion of this application, including supporti award. I also understand that all documents the	ng documents, may	be cause for cance	eling my admission or financial aid				
Sig	Signature (required)		Date_					