



COLLEGE MENTAL HEALTH PROGRAMS FINANCIAL ASSISTANCE FORM

Scholarship funds for services are limited. If you wish to be considered, please complete and submit this form to kohnman@bu.edu or Larry Kohn, M.S., Director of Development, Center for Psychiatric Rehabilitation, 940 Commonwealth Avenue West, Boston, MA 02215.

STUDENT NAME: _____
First MI Last

COLLEGE ATTENDING/ATTENDED: _____

PARENT/GUARDIAN/STUDENT Check those that apply, and indicate dollar amounts in the spaces below.

- Received financial assistance from College. **Attach Financial Assistance award sheet.**
- Financing college tuition for other dependents.....\$_____/year
- Parent/Guardian #1 earnings from work.....\$_____/year
Self-employed?.....Yes/No (circle)
- Parent/Guardian #2 earnings from work.....\$_____/year
Self-employed?.....Yes/No (circle)
- Student earnings from work.....\$_____/year
Self-employed?.....Yes/No (circle)
- Child Support received.....\$_____/year
- Alimony received.....\$_____/year
- Worker's Compensation.....\$_____/year
- Other: _____ \$_____/year

Please describe other unique circumstances for which you are requesting financial assistance:

I certify that information above is true and complete.

Parent/Guardian #1 name (please print) Parent/Guardian #1 Signature Date

Parent/Guardian #2 name (please print) Parent/Guardian #2 signature Date

Student name (please print) Student signature Date