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

PROGRAM APPLYING TO: NITEO SUMMER NITEO COLLEGE COACHING SUMMER COLLEGE COACHING

SEMESTER: FALL SPRING SUMMER 1 SUMMER 2 YEAR: ____________

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