



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