Boston University College of Health & Rehabilitation Sciences: Sargent College
Center for Psychiatric Rehabilitation
940 Commonwealth Avenue West
Boston, Massachusetts 02215
T: 617-353-3549 F: 617-353-7700
www.bu.edu/cpr

BOSTON UNIVERSITY

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 **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