**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](mailto: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 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