

# VCU School of Social Work

Virginia Commonwealth University

## Financial Assistance Form

If you would like to apply for financial assistance through the School of Social Work, please complete all information and return to the Office of Student Services, School of Social Work (Room 107) P.O. Box 842027, Richmond, VA 23284 or Fax: 828-0716 by **May 1**.

Name \_\_\_\_\_ VCU-ID \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_  
\_\_\_\_\_ E-mail \_\_\_\_\_

State of residence: \_\_\_\_\_

During the upcoming academic year, I will be enrolled in the School of Social Work as a:

\_\_\_\_\_ Full time First Year student      \_\_\_\_\_ Full time Second Year student  
\_\_\_\_\_ Advanced Standing student (commencing studies in the summer)  
\_\_\_\_\_ Part time student - Foundation      \_\_\_\_\_ Part time student - Concentration

In which location do you intend to register for the upcoming academic year?

\_\_\_\_\_ Richmond      \_\_\_\_\_ Northern Virginia

Total family income this past year: \_\_\_\_\_

Anticipated income for the upcoming academic year: \_\_\_\_\_

Source of family income (e.g., self or other family member employment, student loans, etc.)

\_\_\_\_\_

Total family members supported by this income (self, spouse, partner, number of children, etc.)

\_\_\_\_\_

How do you anticipate financing your education in the upcoming year? (e.g. loans, savings, earnings)

\_\_\_\_\_

How did you finance your first year in the program? (if you are a second year student)

\_\_\_\_\_

Please describe any unusual circumstances that you believe would assist the committee in reviewing your financial need:

\_\_\_\_\_

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Have you applied for financial aid through this university? \_\_\_\_\_ Yes \_\_\_\_\_ No

NOTE: Students applying for school-based awards must have applied for University Financial Aid. If you are a continuing student please attach an unofficial transcript showing grades for all M.S.W. courses completed.

11/05