

APPLICATION FOR FINANCIAL ASSISTANCE

(Covers any funds administered by the College, but not funds administered by UK Financial Aid Office - Federal or State grants or loans; or those administered by The Graduate School - fellowships, scholarships, etc.)

AN APPLICATION FOR ASSISTANCE SHALL NOT BE DISCRIMINATED AGAINST BECAUSE OF RACE, COLOR, RELIGION, SEX, MARITAL STATUS, NATIONAL ORIGIN, AGE OR BELIEFS*

*(Such factors may be considered in efforts to assist Affirmative Action)

A. GENERAL INFORMATION: **Applying for:** FALL 20_____ SPRING 20_____ SUMMER 20_____
(please type or print)

Student Status: Undergraduate Student Current MSW Student New MSW Applicant Ph.D. Student

1. Name _____
Last First Middle Maiden Social Security Number

2. Mailing Address _____
Number Street Apartment/Box # Home Phone Number

City State Zip Code Work Phone Number

3. E-mail Address _____

4. Legal/Permanent resident of what STATE? _____ What COUNTY? _____

5. Age _____ Race _____ Sex _____ Marital Status: Married Not Married

Financial Dependents: Number of child dependents _____ Number of adult dependents _____

If married, will your spouse also be attending classes during this time? _____ Where? _____

6. Current GPA (Overall) _____

7. Are you currently employed? No Yes Full-time or Part-time @ _____ hours per week

8. Do you plan to work while in school? No Yes Full-time or Part-time @ _____ hours per week

B. ELIGIBILITY FOR SPECIALLY DESIGNATED SCHOLARSHIPS: Check all those that apply

- Undergraduate student raised by grandparents
- Current resident of Virginia Place
- Career plans to work in the field of family violence

C. Would you be able to accept an appointment as a RESEARCH ASSISTANT on the Lexington campus (paying an hourly rate for up to 20 hours per week and the out-of-state portion of tuition)?

- Yes, I would be interested in working 10 to 20 hours per week as an RA
- No, I would not be able to work as an RA

Please indicate the number of credit hours you expect to carry if you receive financial assistance this school year:
FALL _____ credit hours SPRING _____ credit hours SUMMER _____ credit hours

D. PLANS FOR FINANCING EDUCATION:

Please indicate other sources of financial help (*by amount*) that you will draw upon for assistance this school year.

_____ Current personal savings	_____ Educational loans (NDSL, GSL, etc.)
_____ Family/parental assistance	_____ Personal loans
_____ Earnings from work during period of education	_____ Government benefits (VA, SS, SSI, etc.)
_____ Educational grants	_____ Tuition assistance from employer
_____ Scholarship: from _____	
_____ Other _____	

E. WHAT IS THE AMOUNT OF SHORTFALL BETWEEN YOUR SOURCES OF SUPPORT AND EDUCATIONAL EXPENSES?

(You may want to indicate monthly fixed expenses such as car loans, mortgages, etc.)

F. FINANCIAL NEED:

Please describe unusual expenses or circumstances that make your application for financial assistance more urgent or essential.

G. AWARDS AND HONORS, OR SPECIAL RECOGNITION RECEIVED (*Work, academic, civic, etc.*)

Signature _____ Date _____