# VILLANOVA UNIVERSITY SCHOOL OF LAW
# GRADUATE TAX FINANCIAL AID APPLICATION
# 2011-2012

Please SIGN and return this form to the Villanova Law School Office of Financial Aid.
Fax: 610-519-6597 OR Scan and Email: finaid@law.villanova.edu OR Mail: 299 N. Spring Mill Road, Villanova, PA 19085

Student's Name_____ SS#_____

Mailing Address_____
Street

_____
City State Zip Code

Telephone _____ Email Address_____

**Degree:** ☐ LL.M. ☐ MT

**Where will you live during the 2011-2012 academic year?** If this changes, notify the Office of Financial Aid promptly.
☐ With parents/relatives
☐ Off-campus (apartment, house, etc.); I AM PAYING RENT/MORTGAGE AND NOT LIVING WITH RELATIVES

**Assistance Received in 2010 (January 1, 2010 – December 31, 2010)**

- List the total amount of cash given to you and bills paid for you and/or your spouse by parents/relatives/others for such things as tuition, living expenses, car insurance, medical insurance, etc. in **2010**. Also please list any Parent Plus Loan taken out for you and/or your spouse and any personal loan given to you and/or your spouse in **2010.**
  (**If None, Enter "0"**): $_____

- List any scholarships, grants, institutional or private loans you and/or your spouse received in **2010.** List both the amount and the type of aid received (do not include Parent Plus loans, Federal loans or any personal loan from parents/relatives/others). **The aid listed should be for Spring 2010, Summer 2010, and Fall 2010.**

| Type of Aid | Name | Amount | If none, check below |
|---|---|---|---|
| Scholarships | _____ | $_____ | _____ |
| Grants | _____ | $_____ | _____ |
| Institutional and/or Private Loan (not Federal) | _____ | $_____ | _____ |
| Other | _____ | $_____ | _____ |

**Expected Sources of Assistance for 2011-2012**
List the amount and types of all the following **EXPECTED** sources of financial assistance for the **UPCOMING ACADEMIC YEAR, June 2011 -May 2012. (If None, Enter "0"):**
Tuition remission/tuition exchange or employer tuition reimbursement _____

**I certify that all of the information submitted and related to my application for aid is accurate and complete. I agree to provide documentation, if necessary, to verify this information. If any information changes, I agree to notify the Office of Financial Aid immediately.**

Student Signature:_____ Date:_____

Spouse Signature:_____ Date:_____

## Cash Management Authorizations

Federal Title IV funds (Stafford loans, Perkins loans and Graduate Plus loans) may only be used to pay for your tuition and fees UNLESS you **authorize** Villanova Law School to use Federal Title IV funds to pay other charges over and above your tuition and fees such as health insurance, parking fees, etc.

This authorization form will enable you to choose which option you prefer to use when crediting your Title IV funds. Please review each option and indication your choice below. **This authorization will remain in effect for all periods of enrollment at Villanova Law School.** If at any time you wish to modify or rescind this authorization you must do so in writing to the Office of Financial Aid.

Authorization for application of Title IV funds (please choose one):

**YES** ___ I authorize Villanova University to use my financial aid credit balance to pay miscellaneous charges on my student account over and above my tuition and fee charges. These charges include but are not limited to health insurance, parking fees, etc.

OR

**NO** ___ I do not authorize Villanova University to use my financial aid credit balance to pay miscellaneous charges on my student account over and above my tuition and fee charges. I understand that I will be responsible for remitting payment for these charges directly to the Bursar's Office.

**This information must be provided prior to any funds being disbursed to your student account.**

_____ _____

**Student's Signature** **Date**