

# FINANCIAL AID APPLICATION FOR GRANTS/SCHOLARSHIPS FROM SCHOOL OF SOCIAL WORK RESOURCES

SUBMIT COMPLETED FORM TO: Office of Student Services  
University of Michigan School of Social Work  
1080 South University, Room 1748  
Ann Arbor, MI 48109-1106  
ssw.oss@umich.edu

Applicants are encouraged to submit this financial aid application with the MSW application for admission. DO NOT SUBMIT THIS FORM IF YOU HAVE ALREADY SUBMITTED THE FINANCIAL AID APPLICATION FOR THE SAME TERM AS A PART OF THE MSW ONLINE APPLICATION. The information submitted on this form has no bearing on the admissions decision. However, early submission will ensure a timelier decision on your financial aid application if admission is granted. Please see the section on Financial Aid on the School of Social Work website for additional information. **Failure to complete all applicable items on this form may result in a delay in determining your eligibility. Indicate any non-applicable information with N/A. PLEASE TYPE.**

FULL NAME \_\_\_\_\_  
Last First Middle

U.S. SOC. SEC. #: \_\_\_\_\_ EMAIL: \_\_\_\_\_

CURRENT MAILING ADDRESS: \_\_\_\_\_ Valid until: \_\_\_\_\_

PHONE: \_\_\_\_\_

PERMANENT ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

Please keep the School of Social Work informed of any change in your address.

**RESIDENCY:**

- MICHIGAN
- NON-MICHIGAN

**CITIZENSHIP:**

- U.S. CITIZEN
- PERMANENT RESIDENT OF U.S.
- NON-U.S. CITIZEN/INTERNATIONAL

**EXPECTED TERM OF ENROLLMENT:**

- Fall Term 2015

**ANTICIPATED MSW GRADUATION DATE:**

\_\_\_\_\_

**DUAL DEGREE/CERTIFICATE PROGRAM(S)**

- |                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                           |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"> <li><input type="checkbox"/> N/A</li> <li><input type="checkbox"/> BUSINESS ADMINISTRATION</li> <li><input type="checkbox"/> INFORMATION</li> <li><input type="checkbox"/> JEWISH COMMUNAL LEADERSHIP</li> <li><input type="checkbox"/> LAW</li> <li><input type="checkbox"/> OTHER, please specify _____</li> </ul> | <ul style="list-style-type: none"> <li><input type="checkbox"/> PUBLIC HEALTH</li> <li><input type="checkbox"/> PUBLIC POLICY</li> <li><input type="checkbox"/> URBAN PLANNING</li> </ul> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

**CURRICULUM SCHEDULE (TRACK):**

- 12 MONTH (ADVANCED STANDING)
- 16 MONTH
- 20 MONTH
- PC-MI (ADVANCED STANDING)
- PC-20 MONTH

- 1) Indicate the type(s) of financial aid you are applying for:  Merit-based aid\*\*  Need-based aid

**If you are applying for merit-based aid only, SKIP to "Unusual Circumstances/Comments" section on page 2.**

**NOTE: \*\*International students are eligible to apply for merit-based aid only.**

- 2) Have you completed the Free Application for Federal Student Aid (FAFSA) that is required for consideration of need-based aid and authorized the release of your FAFSA data to the University of Michigan Office of Financial Aid (Title IV Code 002325)?

YES  NO, but plan to.

- 3) Do you plan to apply for the following types of need-based financial assistance through the University of Michigan Office of Financial Aid (OFA)?

- |                                                                                                  |                              |                             |  |
|--------------------------------------------------------------------------------------------------|------------------------------|-----------------------------|--|
| a. Federal Perkins Loan                                                                          | <input type="checkbox"/> YES | <input type="checkbox"/> NO |  |
| b. Federal College Work/Study Program                                                            | <input type="checkbox"/> YES | <input type="checkbox"/> NO |  |
| c. Federal Direct Student Loan Program (requires enrollment of at least 4 credit hours per term) | <input type="checkbox"/> YES | <input type="checkbox"/> NO |  |

If NO, why? \_\_\_\_\_

**ASSET INFORMATION:**

You must provide information about your (and your spouse's) assets. If you are divorced or separated and you and your spouse have jointly owned assets, give only your portion of the assets and debts. Be sure to give information about assets held in trust for you (and your spouse). If you (and your spouse) have assets owned jointly with someone else --such as a business or farm -- give only your (and your spouse's) portion of the assets and debts. **Indicate any non-applicable information with N/A.**

- 1) Marital Status:     Single, Divorced, or Widowed     Married     Separated    **Total # in household:** \_\_\_\_\_
- 2) Total current balance of cash, savings, and checking accounts: \$ \_\_\_\_\_
- 3) What is the current **net worth** of investments (current value minus debt): \$ \_\_\_\_\_  
Investments include real estate (do not include the home you live in), trust funds, money market funds, mutual funds, certificates of deposit, stocks, stock options, bonds, other securities, education IRAs, college savings plans, installment and land sale contracts (including mortgages held), commodities, etc. Investment value includes the market value of these investments as of today. Investment debt means only those debts that are related to the investments. Investments do not include the home you live in, cash, savings, and checking accounts, the value of life insurance and retirement plans (pension funds, annuities, non-education IRAs, Keogh plans, etc.) or the value of prepaid tuition plans.
- 4) What is the current **net worth** of business and/or investment farms (current value minus debt): \$ \_\_\_\_\_  
 Do not include a farm you live on and operate. Business and/or investment farm value includes the market value of land, buildings, machinery, equipment, and inventory etc. Business and/or investment farm debt means only those debts for which the business or investment farm was used as collateral.

**ANTICIPATED RESOURCES:**

- 1) Do you plan to work (excluding College Work-Study) while enrolled in the MSW Program?     YES     NO  
 Hrs./week \_\_\_\_\_    Approx. gross earnings/month: \$ \_\_\_\_\_
- 2) Spouse's/Partner's anticipated gross earnings per month: \$ \_\_\_\_\_
- 3) Will you receive financial assistance or have any other anticipated sources of income (i.e., parental/family support, employer reimbursement, teaching or research assistantships, etc.)?     YES     NO  
 If yes, please specify type, amount, and duration: \_\_\_\_\_
- 4) List the names and ages of any dependents: \_\_\_\_\_
- 5) Estimate monthly childcare expenses (if any) during full-time enrollment (8-month period): \_\_\_\_\_
- 6) Balance still owed on your federal educational loans from undergraduate and/or graduate education: \$ \_\_\_\_\_

**IT IS YOUR RESPONSIBILITY TO INFORM THE SCHOOL OF SOCIAL WORK OF ANY CHANGES IN RESOURCES.**

**UNUSUAL CIRCUMSTANCES/COMMENTS:**

If you have unusual circumstances/additional comments regarding your financial situation, indicate below or include this information on a separate sheet and attach to this form.

---



---



---



---



---

**I certify that all information submitted on this form is complete and correct. I understand that misrepresentation of any portion of this application, including supporting documents, may be cause for canceling my admission or financial aid award. I also understand that all documents that I submit become the property of the University of Michigan.**

**Signature (required)** \_\_\_\_\_ **Date** \_\_\_\_\_