**2019 STUDENT FINANCIAL INFORMATION**

**PART I: *(INSTRUCTIONS FOR THE STUDENT)***

**Complete Part I of this form and submit the form in its entirely to the Financial Aid Office of your school.**

**All financial information will be held strictly confidential.**

1. Student Name:

 *Last Name, First Name Middle Initial Maiden Name*

1. Social Security Number:
2. Name used at previous institutions (if different from above):
3. I request the Financial Aid Office at to provide the information requested in Part II to the organization listed below:

**American Art Therapy Association**

**Attn: 2019 Scholarship Application**

**4875 Eisenhower Avenue, Suite 240**

**Alexandria, VA 22304**

**info@arttherapy.org**

Student’s Signature:

Student’s Address:

 *Street, City, State Zip*

**2019 STUDENT FINANCIAL INFORMATION**

Name of Institution:

Name of Student:

**PART II**: ***(TO BE COMPLETED BY THE FINANCIAL AID OFFICE AT THE INSTITUTION LISTED ABOVE)***

**Please record all student loans, grants, and scholarships received.** **Return to the American Art Therapy Association no later than July 31, 2019.**

1. According to your records, what if any is the student’s cumulative debt in your program?

$

1. Please indicate the most recent academic year student was in attendance in your program:

1. Does the school require parental information for independent students in order to determine eligibility for school aid (scholarships, school loans, HPSL, Perkins, etc)? [ ] Yes [ ] No

1. Below, please complete the table with amounts for the upcoming year that the student will attend your program.

|  |  |  |
| --- | --- | --- |
|    | **Calculation for****School-Based Assistance** | **Calculation for** **Federal Loan Assistance****(Stafford, SLS, HEAL)** |
| Student Standard Cost of Attendance Budget: |   |  **Minority Group Identification:** [ ]  African American [ ]  Asian American [ ]  Hispanic American [ ]  Native American [ ]  Other (please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
| Calculated Parental Contribution: |   |  **Minority Group Identification:** [ ]  African American [ ]  Asian American [ ]  Hispanic American [ ]  Native American [ ]  Other (please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
| Parent’s Offer (if higher): |   |  **Minority Group Identification:** [ ]  African American [ ]  Asian American [ ]  Hispanic American [ ]  Native American [ ]  Other (please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
| Student Contribution: |   |  **Minority Group Identification:** [ ]  African American [ ]  Asian American [ ]  Hispanic American [ ]  Native American [ ]  Other (please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
| Total Family Contribution: |   |  **Minority Group Identification:** [ ]  African American [ ]  Asian American [ ]  Hispanic American [ ]  Native American [ ]  Other (please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
| Remaining Need: |   |   |

1. Below, please list assistance received by the student. Include all loans in *Item I* and all awards, scholarships, fellowships, assistantships, and tuition remission in *Item 2*.

|  |  |  |
| --- | --- | --- |
| **Item 1:****Sources of Loan Assistance** **While Attending Current Program:** | **Amount for Most Recent Year Attended (20**  **to 20** **):** | **Cumulative Total Received:** |
|   |  $  |  $  |
|   |  $  |  $  |
|   |  $  |  $  |
|   |  $  |  $  |
|   |  $  |  $  |

|  |  |  |
| --- | --- | --- |
| **Item 2:****Sources of Gift Assistance While Attending Current Program (Awards, Fellowships, Scholarships, Assistantships, Etc.):** | **Amount for Most Recent Year Attended (20 to 20 ):** | **Cumulative Total Received:** |
|  |  **$**  |  **$**  |
|  |  **$**  |  **$**  |
|  |  **$**  |  **$**  |
|  |  **$**  |  **$**  |
|  |  **$**  |  **$**  |
|  |  **$**  |  **$**  |
| **Totals *(Add Items 1 & 2)*:** |  **$**  |  **$**  |

*Please check if applicable*: [ ] The Student received no financial aid from this institution.

Authorized signature: Title:

Print or type name: Date:

Name of Institution:

Address:

City: State: Zip:

Telephone:

***Please return all three pages of this form to the address below or to the student named on the form. If the school is returning, please note, the form must be received by July 31, 2019. Submissions received after the deadline will not be accepted and will disqualify the student from consideration. Incomplete forms will not be accepted and will disqualify the student from consideration.***

If returning directly to the American Art Therapy Association:

American Art Therapy Association

Attn: 2019 Scholarship Application

4875 Eisenhower Avenue, Suite 240

Alexandria, VA 22304

**info@arttherapy.org**