

ISD PARTIAL TUITION ASSISTANCE APPLICATION FORM



To complete this form: download and save the form to your computer. If the form requires a signature, then print, sign, and scan the form. Forms should be emailed to Program Director David Gitomer at dgitomer@depaul.edu. Please copy Associate Director Susan Jacobs on email submissions (sjacobs@depaul.edu). Only electronic submissions will be accepted.

Students need to apply for tuition assistance for *each quarter* they plan to enroll in, which means an application form must be submitted before each quarter that tuition assistance is requested.

Personal Information

Full Name: _____
Address: _____
City: _____
State, Zip: _____
Phone number: _____
E-mail Address: _____
DePaul ID Number: _____

Request Tuition Assistance for the following Quarter (select one):

- Autumn Quarter
- Winter Quarter
- Spring Quarter

Academic Year: _____

How many courses do you plan to take in the quarter for which you are seeking tuition assistance? _____

Which courses are they? Please give numbers and titles. _____

Program: MALS IDS

Employment Information

Current employer: _____

Address: _____

Phone number: _____

Supervisor: _____

Beginning date of employment: _____

Numbers of work hours per week: _____

Total annual income: _____

Is your spouse employed? YES NO N/A

Spouse's employer: _____

Spouse's total annual income: _____

External Sources of Aid

Have you requested financial aid from your employer? YES NO

If YES [√], state amount or percentage of tuition awarded: _____

If NO [√], please explain:

Have you applied or intend to apply for scholarship aid or tuition reimbursement from any other agency? YES NO

If YES [√], to which agencies have you applied?

Did you receive an award? YES NO

If you have not yet received notification, when will you be notified of your award?

If YES [√], what was the amount of the award?

per course: _____ per year: _____

Statement of Financial Need

Please state below why you are seeking financial aid. Please explain any special circumstances which should be taken into consideration. We are also interested in hearing about your progress toward your current academic goal. Please answer this question as fully as possible. You may attach additional sheets, if necessary.

To the best of my knowledge, I certify that the above information is correct

Signature: _____ Date: _____

Print Name: _____

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