

Notice – Guideline Change!
Previous applicants are not eligible to apply. Funding will only be allocated to support new, admitted students scheduled to enroll part-time during fall 2009, spring 2010 or summer 2010 terms.

**UNIVERSITY OF PITTSBURGH SCHOOL OF NURSING
STUDENT SERVICES OFFICE**

**GRADUATE PART-TIME TUITION AID (8 CREDITS OR LESS)
FOR NEW ADMITTED & ENROLLED STUDENTS –
VALID FOR CURRENT ACADEMIC YEAR 2009 - 2010**

**DEADLINE DATES FOR THIS APPLICATION: FALL TERM – SEPTEMBER 11;
SPRING TERM – JANUARY 19; SUMMER TERM – MAY 14**

Complete and return this application along with a signed copy of your most recent IRS Income Tax Return to Nicole Gannon, University of Pittsburgh School of Nursing, 3500 Victoria Street, 239 Victoria Building, Pittsburgh, PA 15261. If for some reason you did not file a federal income tax return, please submit a notarized statement explaining the reason.

Application is for (check all that apply): Fall Spring Summer

Name: _____ Last 4-Digits of Social Security Number: _____

PeopleSoft #: _____

Present Address: _____

Home Phone: () _____ Cell Phone: () _____

Work Phone: () _____ Pitt E-mail: _____

1. Are you a:
 US Citizen Permanent Resident

2. Graduate Program: _____

3. Anticipated Date of Graduation: _____

4. Are you currently paying in-state tuition? Yes No

5. Indicate the number of credits you plan to take in the following terms:

Credits Fall 2009 (2101) _____ Credits Spring 2010 (2104) _____ Credits Summer 2010 (2107) _____

6. Do/will you have a GSA/TA position for the 2009-2010 academic year?

↑ Yes _____ FT _____ HT _____ QT
↑ No

7. 2008 Family Income \$_____ Projected 2009 Family Income \$_____

Amount owed in Student Loans to date \$_____

Projected Total Living Expenses for 2009-2010 \$_____

Number of Dependents (*NOT* including self): _____

8. Have you or are you receiving financial assistance from any source other than the School of Nursing for your graduate study? ↑ Yes ↑ No

If yes, identify the source of financial assistance, amounts and date or term in which you received aid. Include anticipated amount you will receive from any source, i.e. loans, scholarships, etc.

<i>Source</i>	<i>Amount</i>	<i>Date/Term Received</i>
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____

9. Please list below any additional information you feel will be helpful in considering this application. Describe in detail any way in which your financial situation will change during the academic year from what is depicted in your IRS tax return.

This application is valid for the current academic year only. Each term, preference will be given to newly admitted, enrolled students for that particular term. Should funds remain, you may continue to receive an award as long as funds continue to be available. Previous applicants (unless there has been a program change), are not eligible to apply.

Signature

Date