

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

GRADUATE STATEMENT OF FINANCIAL NEED 2008-2009

Complete and return this statement of financial need along with a signed copy of your most recent IRS Income Tax Return and the scholarship application to: Graduate Scholarship Administrator, University of Pittsburgh School of Nursing, Student Services Office, 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.

Name: _____ Last 4 Digits of Social Security #: _____

PeopleSoft #: _____

Present Address: _____

Home Phone: () _____

Permanent Address: _____

Home Phone: () _____ Work Phone: () _____ 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:

Fall 2008 (2091) _____ Spring 2009 (2094) _____ Summer 2009 (2097) _____

6. Have you or are you receiving scholarship or traineeship funds? Yes No

7. Do/will you have a GSA/TA position for the 2007-2008 academic year?

Yes __FT __HT __QT

No

8. 2007 Family Income \$ _____ Projected 2008 Family Income \$ _____

Amount owed in Student Loans to date \$ _____

Projected Total Living Expenses for 2008-2009 \$ _____

Number of Dependents (include self): _____

9. Student's present employer: _____

Address: _____ Position: _____

Student's Hours Worked Per Week (average): _____

10. If spouse is employed:

11. Present employer: _____

Address: _____ Position: _____

12. 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>
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____

13. 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. If you decide to apply for another academic year, you must submit a new application.

Signature

Date