

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

**GRADUATE STATEMENT OF FINANCIAL NEED 2011-2012**

*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 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 2011 (2121) \_\_\_\_\_ Credits Spring 2012 (2124) \_\_\_\_\_ Credits Summer 2012 (2127) \_\_\_\_\_

6. Do/will you have a GSA/TA position for the 2011-2012 academic year?

- Yes \_\_\_\_\_ FT \_\_\_\_\_ HT \_\_\_\_\_ QT  
 No

7. 2010 Family Income \$ \_\_\_\_\_ Projected 2011 Family Income \$ \_\_\_\_\_

Amount owed in Student Loans to date \$ \_\_\_\_\_

Projected Total Living Expenses for 2011-2012 \$ \_\_\_\_\_

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date