



Graduate Financial Assistance Application

Return this form no later than January 15 to:

**ATTN: Graduate Admissions Committee
The Catholic University of America
School of Architecture and Planning
Washington, DC 20064**

Our request for disclosure of social security numbers is optional, except where disclosure may be required by federal law such as in the case of financial aid and work-study assistance. This request is made to assist the university in internal tracking of your records and credentials.

Personal Information

Name: _____
Last First M.I.

Social Security Number: _____ **Email Address:** _____

Home/Local Address: _____

Telephone: _____
Home Cell Work

Marital Status: Single Married **Number of Dependents:** _____

Program Information (Please complete info for both semesters, if desiring support for both)

Program of Study: 2-yr. M.Arch. (with CUA B.S. Arch.) 2-yr. M.Arch. 3-yr. M.Arch. M.S.A.S.

Concentration: None Cultural Studies/Sacred Space Digital Architecture
 Digital Fabrication Real Estate Development Urban Design/Conservation

Anticipated Credit Load: Full-Time Part-Time
Fall Number of Credit Hours: _____
Spring Number of Credit Hours: _____

Curriculum Plan: _____

Anticipated Date of Graduation: _____ (Month/Year)

Do you plan to participate in any foreign programs this year? _____
If yes, which semester? _____

Approximate Total Student Loan Debt: _____

Comprehensive Budget Worksheet for the School of Architecture and Planning (Please use this worksheet as an estimate of expenses incurred as an informal document only)

Estimated Expenses:		Estimated Annual Income:		Estimated Annual Expenses:	
Tuition and Fees	\$29,330	Own Employment	_____	Mortgage/Property Taxes	_____
Books & Supplies	\$1,300	Spouse's Employment	_____	Rent	_____
Living Expenses	\$15,068	Family Contribution	_____	Medical Expenses	_____
TOTAL	\$45,698	Income from Real Property*	_____	Childcare	_____
		Income from Investments*	_____	Dependent Tuition	_____
		Savings	_____	Car Payments/Insurance	_____
		Outside Scholarships & Grants	_____	TOTAL	_____
		Other (please specify)	_____		
		TOTAL	_____		

***On a separate sheet of paper, please list your real property and investment holdings giving their current market values**

Other Sources: Students are encouraged to contact the university's financial aid office regarding loans and other funding sources that may be available to graduate students: Office of Financial Aid, The Catholic University of America, McMahon Hall, Room 6, Washington, DC 20064, tel: 202-319-5307 or 800-635-7788.

Confidentiality Statement: The information stated above is NOT used in the admissions process. The Graduate Admissions Committee uses the above information ONLY as a factor in determining scholarship and teaching/research assistantship eligibility. All personal and family financial information will be treated with strict confidentiality.

Deadline: This Graduate Financial Assistance Application must be submitted by **January 15**. Applications received after this date will be considered only after initial awards have been made. Aid may be very limited to students who do not meet this deadline. Financial assistance is NOT automatically renewed from year to year. You must reapply each year by completing a new Graduate Financial Assistance Application by January 15. The financial aid awarded is for tuition and fees only and based on your individual circumstances and monies available for that year; your award may be higher or lower than previous years. If your status or course-load changes, you are required to contact the Associate Dean for Graduate Studies regarding the change. For further questions regarding financial assistance available from the School of Architecture and Planning, please contact the Associate Dean for Graduate Studies.

Requirement if selected for financial assistance: All awards of financial assistance must be accepted in writing by the student before funds will be distributed. Recipients of scholarship awards must write a thank-you letter to the donor and also be willing to meet with the donor if he/she visits the CUA campus.

I certify that the information I have submitted here is complete and true to the best of my knowledge and belief. I will notify the Associate Dean for Graduate Studies of any change in student status or credit load.

Signature of applicant: _____

Date: _____