



### Section III : Student Financial Information

A. **Funding Sources:** I anticipate receiving funds for my education from the following:

Employer:            YES                            NO  
If YES: Employer Name: \_\_\_\_\_ Amount: \$ \_\_\_\_\_  
Teacher Internship Program:            YES                            NO  
If YES: School Name: \_\_\_\_\_

B. **Living Expenses:** Please provide estimates for the following monthly expenses:

Housing/Rent:     \$ \_\_\_\_\_  
Utilities:            \$ \_\_\_\_\_  
Transportation:    \$ \_\_\_\_\_  
Food:                \$ \_\_\_\_\_  
Personal:            \$ \_\_\_\_\_  
TOTAL:               \$ \_\_\_\_\_

### Section IV : Statement of Understanding

Please note that to be eligible to receive financial assistance a student **MUST**:

- Be accepted and attend SHU on at least a half-time basis (3 credits per term) in a Graduate Degree Program
- Not be in default on a federal student loan
- Not owe a refund on a federal student grant/loan
- Be a U.S. citizen or eligible non-citizen
- Maintain satisfactory academic progress (minimum cumulative GPA of 3.0 or above)

I understand that any form of federal financial assistance is based on demonstrated financial need. Need is determined by the cost of my educational program, which is based on the number of credits I enroll in each term, less the Estimated Family Contribution (EFC) and any other form of financial assistance (i.e. employer reimbursement, private scholarships).

I understand that if there is a change in my enrollment plans from what I have certified in Section II of this form, I must notify the Office of Student Financial Assistance and that my financial aid award may be revised.

If information received during the process of Verification changes the result of my expected family contribution, a revision and/or cancellation of my award may occur.

If my award includes a Federal Stafford Loan I understand I must contact my lender, in writing, within ten (10) days if I:

- \* Change my name
- \* Change my address
- \* Change my telephone number
- \* Change my graduation date
- \* Withdraw from the University
- \* Change my enrollment status

I understand that to continue to receive federal financial assistance I must maintain satisfactory academic progress. If I am placed on academic probation or dismissed from the University, my award will be cancelled for subsequent semesters.

I certify that I have read and understand the above requirements and that all the information on this form is true and correct to the best of my knowledge.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

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