



## LAW STUDENT FINANCIAL SERVICES

### FINANCIAL AID APPLICATION

### 2020-2021

#### Student Information

LAST NAME	FIRST NAME	MI	SIS STUDENT ID	DATE OF BIRTH
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Case Western Reserve University believes that the primary responsibility for financing a legal education rests with the student and the family. Financial aid from the University should be viewed as supplemental to the efforts of the family. The University attempts to offer the types and amounts of assistance to meet the particular circumstances of each recipient. Students must be enrolled on at least a half-time (five [5] credits per semester), degree-seeking basis to be eligible for any federal assistance. Students admitted on a provisional basis may or may not be eligible for reduced levels of federal loans and should contact the Office of University Financial Aid for additional information. Students must maintain satisfactory academic progress to receive financial aid. New students must be accepted for admission before financial aid is awarded. All financial assistance is awarded for one academic year only; a new application and a Free Application for Federal Student Aid (FAFSA) must be submitted each year.

#### APPLICATION PROCEDURES

To apply for financial assistance at Case Western Reserve University, all Law students must:

1. Submit this Financial Aid Application
2. Complete a Free Application for Federal Student Aid (FAFSA) at [www.fafsa.gov](http://www.fafsa.gov)

(1) I am applying for (check all that apply):

- Aid for summer session 2020
- Aid for fall semester 2020 only (August - December, 2020)
- Aid for spring semester 2021 only (January - May, 2021)
- Aid for 2020-2021 academic year (August, 2020 - May, 2021)

#### CONTACT/PERSONAL INFORMATION

(2) PERMANENT HOME ADDRESS	CITY	STATE	ZIP
(3) EMAIL ADDRESS	(4) TELEPHONE NUMBER(S) CELL:	HOME:	
(5) GENDER (optional): <input type="radio"/> Male <input type="radio"/> Female	(6) PLACE OF BIRTH (CITY)	PLACE OF BIRTH (STATE/COUNTRY)	
(7) ARE YOU A UNITED STATES CITIZEN: <input type="radio"/> Yes <input type="radio"/> No	(8) CITIZEN OF WHAT STATE WHEN YOU FIRST ENROLLED AT CWRU: STATE:                              YEARS IN STATE:		
(9) ARE YOU A PERMANENT RESIDENT OF THE UNITED STATES: <input type="radio"/> Yes <input type="radio"/> No	(10) CITIZEN OF WHAT STATE NOW: STATE:                              YEARS IN STATE:		
IF YES: Please attach a copy of your Alien Registration Card with application	ALIEN REGISTRATION NUMBER:		

#### ACADEMIC INFORMATION

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<p>(11) ENROLLMENT STATUS:</p> <p><input type="radio"/> Graduate/Professional</p> <p><input type="radio"/> Readmit</p> <p><input type="radio"/> Other: _____</p>	<p>(12) ENROLLED IN:</p> <p><input type="radio"/> Law (L)</p> <p><input type="radio"/> Law Masters (LLM)</p> <p><input type="radio"/> Dual Degree: _____</p> <p><input type="radio"/> Other: _____</p>	<p>(13) MAJOR FIELD OF STUDY FOR 2020-2021:</p>	<p>(14) WILL YOU HAVE A BACHELOR'S DEGREE PRIOR TO JULY 1, 2020?</p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>(15) HAVE YOU RECEIVED FINANCIAL AID FROM CWRU IN THE PAST?</p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p>	<p>(16) COLLEGE CREDITS EXPECTED TO CARRY AT CWRU:</p> <p>Summer 2020 : _____</p> <p>Fall 2020: _____</p> <p>Spring 2021: _____</p>	<p>(17) WHAT WILL YOUR CLASS STANDING BE IN AUGUST, 2020?</p> <p><input type="radio"/> First Year (07)                      <input type="radio"/> Post-Grad (11)</p> <p><input type="radio"/> Second Year (08)                      <input type="radio"/> Other: _____ <input type="radio"/></p> <p>Third Year (09)</p> <p><input type="radio"/> Fourth Year (10)</p>	

**HOUSEHOLD INFORMATION**

Self-supporting (independent) students should complete this table with information about the people you/your spouse will support between July 1, 2020 and June 30, 2021. Include yourself, your spouse and dependent children (if applicable). Other people can be included if they reside with you, receive more than one-half of their support from you and will continue to live with and receive this support from you through June 30, 2021.

Summarize your family information here:

(18) How many people are in your household? This number should match the table below.

\_\_\_\_\_

(19) Number of eligible family members\* in college (including yourself) in 2020-2021? \_\_\_\_\_

\*Eligible family members are those family members who are enrolled on at least a \_\_\_\_\_ half-time basis in a degree-seeking program from July 1, 2020 to June 30, 2021 and are \_\_\_\_\_ either your spouse or your dependent children.

**List of Household Members**

Name	Age	Relationship to Student	Name of College in 2020-2021	Year in College	Claimed on Tax Return?
YOU, the student		Self	Case Western Reserve		<input type="radio"/> Yes <input type="radio"/> No
					<input type="radio"/> Yes <input type="radio"/> No
					<input type="radio"/> Yes <input type="radio"/> No
					<input type="radio"/> Yes <input type="radio"/> No
					<input type="radio"/> Yes <input type="radio"/> No

(20) Your marital status on the date you filed the FAFSA:       Single       Married       Widowed

Separated       Divorced      Date of Divorce/Separation: \_\_\_\_\_

**FINANCIAL INFORMATION**

(21) During the 2020-2021 academic year, I expect to receive:

- Bureau of Vocational Rehabilitation (attach documentation): Amount / Month: \$ \_\_\_\_\_
- Other: \_\_\_\_\_ Amount / Month: \$ \_\_\_\_\_
- Loan / Gift from Parents, Relatives, or Friends: Amount / Year: \$ \_\_\_\_\_  
Please specify: \_\_\_\_\_ Amount / Year: \$ \_\_\_\_\_  
\_\_\_\_\_ Amount / Year: \$ \_\_\_\_\_

(22) During the 2020-2021 academic year, I received/applied for/will apply for OTHER financial assistance from sources OTHER than CWRU:

Name: _____ Amt \$ _____ <input type="radio"/> Awarded <input type="radio"/> Rejected <input type="radio"/> Pending Name: _____ Amt \$ _____ <input type="radio"/> Awarded <input type="radio"/> Rejected <input type="radio"/> Pending	Name: _____ Amt \$ _____ <input type="radio"/> Awarded <input type="radio"/> Rejected <input type="radio"/> Pending Name: _____ Amt \$ _____ <input type="radio"/> Awarded <input type="radio"/> Rejected <input type="radio"/> Pending
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(23) During the 2020-2021 academic year, I will receive tuition benefits or reimbursements as a result of a relative's or my employment: Name of Employee: \_\_\_\_\_ Name of Company: \_\_\_\_\_ Department: \_\_\_\_\_  
 Relationship to applicant: \_\_\_\_\_ Starting date of employment: \_\_\_\_\_  
 Amount of benefit or reimbursement: Summer: \$ \_\_\_\_\_ Fall: \$ \_\_\_\_\_ Spring \$ \_\_\_\_\_

**ALL STUDENTS MUST COMPLETE THE FOLLOWING SECTION**

(24) Permission to release financial information:

I grant permission to the Office of University Financial Aid to release my name and/or financial information to a source outside the University if I am being considered for a financial aid award, scholarship or loan from that source.

- Yes  No

If I receive financial assistance from an outside donor, I authorize the Office of University Financial Aid to release my grades to that donor if requested.

- Yes  No

I grant permission to the Office of University Financial Aid to discuss/disclose information on my financial aid application, disbursement of funds, income data and any other information included in any financial aid document for the purpose of counseling with the following person(s) in the course of in-person, telephone or electronic inquiries made concerning my financial aid or student tuition account:

<input type="radio"/> _____ Spouse	<input type="radio"/> _____ Parent/Step-parent
<input type="radio"/> _____ Other (specify relationship)	<input type="radio"/> _____ Parent/Step-parent

I certify that the information provided in this form is true and correct.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

PERSONAL QUESTIONNAIRE (OPTIONAL)

Ethnic Background: \_\_\_\_\_  
(e.g. Ukranian, Korean, Chinese, Polynesian, Filipino, Polish, Turkish)

Religious Affiliation: \_\_\_\_\_

RETURN THIS FORM TO:  
Law Student Financial Services  
Case Western Reserve University  
11075 East Boulevard  
Cleveland, OH 44106-7148 fax:  
216-368-0185