

ACADEMIC INFORMATION

ENROLLMENT STATUS: <input type="radio"/> Graduate/Professional <input type="radio"/> Readmit <input type="radio"/> Other: _____	ENROLLED IN: <input type="radio"/> Law(JD) <input type="radio"/> Law(OPT-JD) <input type="radio"/> Law Masters (LLM,ML) <input type="radio"/> CRM: _____ <input type="radio"/> Other: _____	MAJOR FIELD OF STUDY FOR 2026-2027:	WILL YOU HAVE A BACHELOR'S DEGREE PRIOR TO JULY 1, 2026? <input type="radio"/> Yes <input type="radio"/> No
HAVE YOU RECEIVED FINANCIAL AID FROM CWRU IN THE PAST? <input type="radio"/> Yes <input type="radio"/> No	COLLEGE CREDITS EXPECTED TO CARRY AT CWRU: Summer 2026 _____ Fall 2026: _____ Spring 2027: _____	WHAT WILL YOUR CLASS STANDING BE IN AUGUST, 2026? <input type="radio"/> First Year (1L) <input type="radio"/> Second Year (2L) <input type="radio"/> Third Year (3L) <input type="radio"/> Fourth Year (4L+) <input type="radio"/> Post-Grad (11) <input type="radio"/> Other: _____ 	

HOUSEHOLD INFORMATION

Self-supporting (independent) students should complete this table with information about the people you/your spouse will support between July 1, 2026 and June 30, 2027. 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, 2027.

Summarize your family information here:

How many people are in your household? This number should match the table below.
 Number of eligible family members* in college (including yourself) in 2026-2027? _____

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, 2026 to June 30, 2027 and are either your spouse or your dependent children. _____

List of Family Members

Name	Age	Relationship to Student	Name of College in 2026-2027	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

Your marital status on the date you filed the FAFSA:
 Separated Divorced Single Married Widowed
 Date of Divorce/Separation: _____

FINANCIAL INFORMATION

During the 2026-2027 academic year, I expect to receive:

<input type="radio"/> Bureau of Vocational Rehabilitation (attach documentation):	Amount / Month: \$ _____
<input type="radio"/> Other: _____	Amount / Month: \$ _____
<input type="radio"/> Loan / Gift from Parents, Relatives, or Friends:	Amount / Year: \$ _____
Please specify: _____	Amount / Year: \$ _____
_____	Amount / Year: \$ _____

During the 2026-2027 academic year, I received/applied for/will apply for OTHER financial assistance from sources OTHER than CWRU:

Name: _____ Amt \$ _____
 Awarded Rejected Pending

Name: _____ Amt \$ _____
 Awarded Rejected Pending

Name: _____ Amt \$ _____
 Awarded Rejected Pending

Name: _____ Amt \$ _____
 Awarded Rejected Pending

During the 2026-2027 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

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:

Spouse

Parent/Step-parent

Other (specify relationship)

Parent/Step-parent

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

Student Signature

Date

RETURN THIS FORM TO:
Law Student Financial Services
Case Western Reserve University
Email: Lawmoney@case.edu