



Need Based Fund

Application for 2011 – 2012

The Graduate Center's Need-Based Fund is intended to address situations where a financial need beyond the student's control arises. This request form is designed to document such information for review by the Student Financial Services Office.

Complete and submit all sections of this form with the appropriate documentation indicated to the Student Financial Services Office. Please allow up to three weeks for the review process and decision. Decisions are final and are based upon your specific documentation. You will be notified via email of the decision.

Please read the instructions and complete this application carefully and thoroughly. Be sure to submit the following additional documentation together with this request form to the Student Financial Services Office. Incomplete request forms will be returned and will not be reviewed until all required documentation is submitted with the request.

All request forms for Need-Based funds must but submitted with your 2010 Tax documents.

Completed form with documentation must be submitted to:

Student Financial Services Office
Polytechnic Institute of NYU
6 MetroTech Center
Brooklyn, NY 11201

Or

Fax your application with documents to 718 – 260 – 3552.
Please include your ID Number on all faxed pages.

Students who apply will be considered for a Need-Based Award. This award amount will be determined based on the individual needs of each student. Need-Based Awards **are subjected to funding availability and are not guaranteed**. Need-Based Awards are only applied for *one semester*, and will not be continued in future semesters.

Instructions: Please read the instructions and complete this application carefully and thoroughly. Be sure to submit the following additional documentation together with this request form to the Student Financial Services Office. Incomplete request forms will be returned and will not be reviewed until all required documentation is submitted with the request.

Please submit this request form to Student Financial Services

Polytechnic Institute of NYU, JB 256

6 MetroTech Center

Brooklyn, NY 11201

Telephones: 718-260-3300 / Fax: 718-260-3552

PERSONAL INFORMATION

Poly ID#: _____ Gender : Male Female

Last Name: _____

First Name: _____ Middle Initial: _____

Preferred Name: _____ Date of Birth: / /

Email Address: _____ Phone Number: _____

BACKGROUND INFORMATION

Are you: U.S. Citizen International Student
 Permanent Resident Other: _____

Academic Degree: Masters PhD Certificate

Academic Program: _____

Academic Load: Full-Time Part-Time

Type of Visa (Leave blank if this does not apply to you):

F-1 Student

J-1 Exchange

H-1 Work

Other _____

Are you married? Yes No If you responded yes, please answer the following:

Does your spouse live with you? Yes No What is your Spouse's income: \$ _____

Do you have children? Yes No If you responded yes, please answer the following:

Number of dependent children (if any) who is living with you: _____

EMPLOYMENT INFORMATION (MOST RECENT JOB)

Position/Title:

Estimated Start Date (Month/Year): / Work Load: Full-Time Part-Time

Employers Name:

Employers Address:

City:

State:

Zip Code:

Supervisor's Full Name:

Supervisors Phone Number or Email:

Does your company provide tuition benefits toward your degree? Yes No

Were you approved for a Scholarship at the time of your admission? Yes No

Part 1- Please review the selections below and check which applies:

Parent/Independent Student/Spouse is currently unemployed for at least 4 weeks due to layoff or release

Date of termination or release: _____

Are you receiving unemployment benefits? Yes No

If yes, you must attach documents from the Unemployment Compensation Office which included the amount of benefits.

Untaxed income or benefits received in 2010 has completely ceased.

Effective date: _____. Submit documents from agency.

Recent death of a parent or spouse. Please submit letter stating the circumstances.

Divorce or separation. Please submit copy of divorce decree or letter from attorney indicating date you filed for divorce or separation.

Excessive medical or dental expenses. Please submit copy of the bill.

Other. Please explain on a separate sheet of paper and attach it to this form.

Note: Additional documentation may be requested at a later date

Part 2- In addition to documentation required, you must also complete the section below indicating anticipated taxable and un-taxable income for the one-year period January 1, 2011 to December 31, 2011. Do not enter monthly amounts. If you are not sure of the exact projected income, please use best estimate.

<u>2011 Gross Income</u>	<u>Student</u>	<u>Spouse</u>	<u>Father</u>	<u>Mother</u>
Wages, Salaries, Tips				
Interest Income				
Pension				
Alimony				
Severance Pay				

<u>2011 Untaxed Income</u>	<u>Student</u>	<u>Spouse</u>	<u>Father</u>	<u>Mother</u>
Social Security/SSI				
TANF				
Child Support Received				
Worker's Compensation				
Disability Benefits				
Cash Support				
Other:				

Please indicate the resources and expenses you will have for the
2011-2012 academic year.

<u>Resources</u>		<u>Expenses</u>	
Savings:	\$	Tuition Fees:	\$
Anticipated Earning:	\$	Health Insurance:	\$
Family funds from abroad:	\$	Living Expenses:	\$
Government Sponsorship:	\$	Books/Supplies:	\$
Private Scholarship:	\$	Transportation:	\$
NYU-Poly Scholarship:	\$	Other:	\$
Funds from Employer:	\$		
Other:	\$		
Total Resources:	\$	Total Expenses:	\$

Part 3- You confirm that all of the information on this form is true to the best of your knowledge. The penalty for intentionally giving false information may include forfeiture and return of any funds received.

Signature of Student Date Signature of Spouse Date

Signature of Parent Date Signature of Parent Date

<i>For Office Use Only:</i>	
Approved: <input type="checkbox"/>	Amount: _____
Denied: <input type="checkbox"/>	_____