

**NORTH CAROLINA CENTRAL UNIVERSITY
SCHOOL OF LAW**

Financial Assistance Application

INSTRUCTIONS: Please print or type. Return this form with your Application for Admission to the Office of Admissions, North Carolina Central University School of Law, 640 Nelson Street, Durham, North Carolina 27707. You must also submit a Free Application for Federal Student Aid (FAFSA) form by going online to www.fafsa.ed.gov. The fafsa should only be submitted online. If you are a continuing student, please submit these applications by June 1st.

I. PERSONAL DATA

Name: _____

Permanent Address: _____

Telephone: _____ Email Address: _____

Social Security Number: _____ Birth Date: _____ Marital Status (*circle one*): S M D W

Children: Yes ___ No __, Number: ___ BANNER ID 820-_____, Status: 1L___,2L___,3L___; In-State___, Out of State___

II. AMOUNT REQUESTED: First Semester \$ _____ Second Semester \$ _____

III. POTENTIAL SOURCES OF SUPPORT

A. Students

1. Assets

a) Automobile

Do you own or operate an automobile? Yes No

If you operate but do not own one, is the automobile owned by

(1) parents? Yes No

(2) spouse? Yes No

(3) spouse's parents? Yes No

(4) other? Yes No

Make(s) _____ Model (s) _____ Year(s) _____ Fair Market Value \$ _____

b) Savings Account Yes No Avg. Daily Balance \$ _____

c) Checking Account Yes No Avg. Daily Balance \$ _____

d) Other Assets (i.e., House, Stocks, Bonds, excluding Furniture, Clothing, Books, etc.) Fair Market Value \$ _____

2. Income

a) Are you presently employed, including University Work-Study? Yes No

Name of Employer: _____

Address: _____

Work Telephone No.: _____

Hours Worked Per Week: _____

B. Spouse

1. Assets

a) Does spouse own or operate an automobile other than the above? Yes No

Make _____ Model _____ Year _____ Fair Market Value \$ _____

b) Savings Account Yes No Avg. Daily Balance \$ _____

c) Checking Account Yes No Avg. Daily Balance \$ _____

d) Other Assets (i.e., House, Stocks, Bonds, excluding Furniture, Clothing, Books, etc.) Fair Market Value \$ _____

2. Income

a) Are you presently employed, including University Work-Study? Yes No

Name of Employer: _____

Address: _____

Hours Worked Per Week: _____

b) Is spouse presently enrolled in college or professional or graduate school? Yes No

c) Does he or she receive any scholarships? Yes No

Source: _____

Annual Amount \$ _____

d) Does he or she receive any loans or work-study funds? Yes No

Amount per Week \$ _____

C. Parents (Complete this section even if you are independent.)

1. How much of your financial support will your parents provide during the coming school year? \$ _____

2. Is either of your parents employed? Yes No

Father's Occupation: _____ Annual Salary \$ _____

Mother's Occupation: _____ Annual Salary \$ _____

3. Are there other children in your parent's household? Yes No

a) How many? _____

b) What are their ages? _____

c) How many are self supporting? _____

III. OTHER POTENTIAL SOURCES FOR SUPPORT

1. Military Benefits Yes No \$ _____

a) Are you a veteran? Yes No

b) Is your spouse a veteran? Yes No

c) Do you or your spouse currently receive income from the military? Yes No \$ _____

2. Child Support and/or Alimony? Yes No \$ _____

3. Social Security Benefits? Yes No \$ _____

4. State Vocational and Rehabilitation Benefits? Yes No \$ _____

5. Family Assistance Benefits? Yes No \$ _____

6. Other Scholarship(s) or Grant(s)? Yes No \$ _____

Source(s): _____

7. Food Stamps? Yes No \$ _____

8. Loans?

a) Federal Insured Loan Yes No \$ _____

b) State Guaranteed Loan Yes No \$ _____

c) Finance Company Loans Yes No \$ _____

d) Other Loans Yes No \$ _____

9. Income Tax Refunds Received (Past Year)

a) Federal Yes No \$ _____

b) State Yes No \$ _____

c) City or County Yes No \$ _____

10. Insurance Settlements?

a) Life Yes No \$ _____

b) Personal Injury Yes No \$ _____

c) Disability Yes No \$ _____

d) Worker's Compensation Yes No \$ _____

IV. ESTIMATE OF EXPENSES

Fall Semester

Spring Semester

a) Tuition and Fees \$ _____ \$ _____

b) Housing \$ _____ \$ _____

c) Food \$ _____ \$ _____

d) Miscellaneous Living Expenses(Travel etc.) \$ _____ \$ _____

V. UNUSUAL EXPENSES (Attach additional sheet.)

VI. UNUSUAL CIRCUMSTANCES (Attach additional sheet and include number of dependents, relationship and ages.)

CERTIFICATION

I certify that to the best of my knowledge the foregoing information is correct and complete. I understand that I have a continuing obligation to notify the School of Law immediately of any change in information provided. I understand that any financial aid disbursed to me may be revoked if any of the above information is false or there are changes in my circumstances and/or enrollment status. Finally, I understand that to apply for financial aid I may be asked to provide a copy of my 1099 IRS Form 1040, all schedules and W-2's and any other documentation required by the University's Office of Scholarships and Student Aid.

Signature _____

Date _____