

**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, 1512 S. Alston Avenue, Durham, North Carolina 27707. You must also submit a Free Application for Federal Student Aid (FAFSA) form. You may obtain the FAFSA from any undergraduate financial aid office or one will be enclosed with your admissions packet if you are offered admission to the School of Law. Return the completed FAFSA form to Office of Scholarships and Student Aid, North Carolina Central University, P.O. Box 19496, Shepard Station, Durham, North Carolina 27707.

**I. PERSONAL DATA**

Name: \_\_\_\_\_

Permanent Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email Address: \_\_\_\_\_

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

Children (*circle one*): Yes No Number: \_\_\_\_\_

**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 your 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 your 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? Yes No \$ \_\_\_\_\_

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) Yes No \$ \_\_\_\_\_

a) Federal Yes No \$ \_\_\_\_\_

b) State Yes No \$ \_\_\_\_\_

c) City or County Yes No \$ \_\_\_\_\_

10. Insurance Settlements? Yes No \$ \_\_\_\_\_

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 \$ \_\_\_\_\_ \$ \_\_\_\_\_

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 \_\_\_\_\_