

2019-2020

# International Application for Graduate Financial Aid

## Personal Information

Name: \_\_\_\_\_  Female  Male  
(Last) (First) (Middle)

Permanent Address: \_\_\_\_\_  
(Street)  
\_\_\_\_\_  
(City) (State) (Zip) (Country)

Date of Birth : \_\_\_\_\_ Place of Birth : \_\_\_\_\_ Citizenship: \_\_\_\_\_  
(mm/dd/yyyy)

Program for which you applied:  M.F.A  M.F.A Illustration and Visual Culture

Dual Degree:  No  Yes (please indicate): \_\_\_\_\_

## Parent's Information

### Father, Stepfather, Male Guardian

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

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

Employer's Address: \_\_\_\_\_

### Mother, Stepmother, Female Guardian

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

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

Employer's Address: \_\_\_\_\_

Marital Status:  Married  Divorced  Mother Deceased  Father Deceased  
 Other (Explain): \_\_\_\_\_

## Financial Information

\*Documentation of the information provided below may be required in order to finalize your financial aid offer. We will contact you with detailed instructions if any additional information (such as Tax Forms, Bank Statements, or Employer Statements) is required.

\*\*Please convert all currency figures to U.S. Dollars

### Family Income

	2017 (Actual)	2018 (Estimate)
Father's Total Income	U.S. \$	U.S. \$
Mother's Total Income	U.S. \$	U.S. \$
Other Income <sup>♦</sup>	U.S. \$	U.S. \$
Total	U.S. \$	U.S. \$

<sup>♦</sup>Describe: \_\_\_\_\_

**Dependents**

Please list the names of all the family dependents, including the applicant. If dependent(s) are in school, provide school name and expenses.

Name	Age	Name and Location of School/University	Annual Cost of Attendance	Scholarship/Grants/Loans	Family Contribution
			U.S. \$	U.S. \$	U.S. \$
			U.S. \$	U.S. \$	U.S. \$
			U.S. \$	U.S. \$	U.S. \$

**Assets**

Provide the value of the following **family** assets:

Real Estate (Land and Buildings other than home)	U.S. \$
Savings	U.S. \$
Stocks and Bonds (Investments)	U.S. \$
Current Value of Home (if owned)	U.S. \$
Other (Explain Below)	U.S. \$
Total	U.S. \$

List all vehicles (cars, boats, recreational) owned by the family:

Make and Model	Year

Other: \_\_\_\_\_

**Availability of Funds**

Below are the Estimated Expenses for one (1) academic year (fall and spring semester) at Washington University in St. Louis. Please indicate the amount that you and/or your sponsors can provide for the tuition and living expenses and the source of the funds. ***Please note: Completing this section does NOT guarantee that you will be awarded a scholarship to cover any expenses not met by your contribution.***

	2018-2019 Expenses*	Available Funds	Source of Funds
Tuition & Fees	U.S. \$ 42,430	U.S. \$	
Room	U.S. \$ 7,500	U.S. \$	
Board	U.S. \$ 5,300	U.S. \$	
Books and Supplies	U.S. \$ 2,700	U.S. \$	
Personal Expenditures	U.S. \$ 6,500	U.S. \$	
Studio & Health Fee	U.S. \$ 2,650	U.S. \$	
Total	<b>U.S. \$67,080</b>	U.S. \$	

\* Expenses are for the current academic year. Tuition and expenses for 2019-2020 may be higher.

**Will these funds be available for subsequent years of study?  YES  NO**

If "NO," how do you plan on supporting yourself and paying tuition after the first year? (Please provide answer below)

Please list any additional assistance or funding sources you have applied for to cover your education costs. Include agency name and, if known, award amounts.

**Additional Comments**

Please use this section to inform the Financial Aid Committee of any aspects of your financial situation or any special circumstances which merit attention and are not apparent in the other sections of this form. Attach additional pages if necessary.

**Certification**

By signing and dating the application below, you acknowledge:

- That the information on this form is true, correct, and complete and that you can provide any additional documentation that may be required and/or requested.
- That Washington University has permission to verify the information reported in the Financial Information section.
- That any misrepresentation may be cause for refusing admission and/or financial aid.

Signature: \_\_\_\_\_  
(Student)

Signature: \_\_\_\_\_  
(Father/Guardian)

Signature: \_\_\_\_\_  
(Mother/Guardian)

Date: \_\_\_\_\_  
(Month, Day, Year)

**Applications for financial aid are separate from, and have NO bearing on your admissions application to the Graduate School of Art.**

**Funding for Scholarships is limited. Priority for scholarships will be given to applications received on or before February 15.**

Sam Fox School of Design and Visual Arts  
Washington University in St. Louis

Please Email Completed Aid Application To:

Todd Farr  
Financial Aid Awards Associate  
Sam Fox School of Design and Visual Arts  
[tfarr@wustl.edu](mailto:tfarr@wustl.edu)

**PDF format only. No JPEG's.**