

FORM INFORMATION

This form provides information to the Office of International Education and Global Engagement to help determine if the student is eligible for additional funding. If eligible, students will receive notification via email of their financial award.

STUDENT INFORMATION

NAME: _____ KU ID: _____

KU START TERM: _____ ANTICIPATED TERM OF GRADUATION: _____

DEGREE LEVEL AT KU: ☐ UNDERGRADUATE ☐ GRADUATE ☐ NON-DEGREE (EXCHANGE) ☐ NON-DEGREE (VISITING)

CURRENT HOUSING SITUATION: ☐ ON CAMPUS ☐ OFF CAMPUS – BY MYSELF ☐ OFF CAMPUS – WITH ROOMATE(S)

CURRENTLY MONTHLY RENT: _____ HOUSING CONTRACT END DATE: _____

ARE YOU CURRENTLY EMPLOYED? ☐ NO ☐ YES PAY/SALARY PER HOUR: _____ HOURS PER WEEK: _____

WHERE ARE YOU EMPLOYED: _____

FINANCIAL BACKGROUND INFORMATION

ARE YOU CURRENTLY SELF-FUNDING YOUR STUDIES AT KU? ☐ YES ☐ NO

ARE YOU CURRENTLY USING A FINANCIAL SPONSOR ON YOUR FORM I-20/DS-2019? ☐ YES ☐ NO ☐ Not Applicable

DO YOU HAVE SIBLINGS? ☐ YES, ONE ☐ YES, MULTIPLE ☐ NO

WHAT IS YOUR FATHER'S/GUARDIAN'S EMPLOYMENT STATUS?

☐ FULL-TIME ☐ PART-TIME ☐ UNEMPLOYED ☐ RETIRED ☐ NOT APPLICABLE / DECEASED

WHAT IS YOUR MOTHER'S/GUARDIAN'S EMPLOYMENT STATUS?

☐ FULL-TIME ☐ PART-TIME ☐ UNEMPLOYED ☐ RETIRED ☐ NOT APPLICABLE / DECEASED

COMBINED YEARLY INCOME OF YOUR PARENTS/GUARDIANS? _____ WHAT CURRENCY? _____

FINANCIAL RESOURCES

HAVE YOU PREVIOUSLY REQUESTED NEEDS-BASED FUNDING FROM THE INTERNATIONAL OFFICE? ☐ YES ☐ NO

HAVE YOU PREVIOUSLY REQUESTED FINANCIAL ASSISTANCE FROM THE 'STUDENT FINANCIAL EMERGENCY SUPPORT AND

RESOURCE TEAM'? ☐ YES ☐ NO ☐ I PLAN TO REQUEST KU CARES FUNDS

HAVE YOU PREVIOUSLY BEEN APPROVED FOR ANY KU FINANCIAL ASSISTANCE? ☐ YES ☐ NO

IF YES, HOW MUCH WERE YOU AWARDED? _____

DO YOU CURRENTLY USE KUTZTOWN UNIVERSITY FOOD PANTRY SERVICES? ☐ YES ☐ NO

HAVE YOU REQUESTED IMMIGRATION APPROVAL FOR ECONOMIC HARDSHIP TO WORK OFF-CAMPUS? ☐ YES ☐ NO

WHAT TYPE OF NEEDS-BASED FUNDING ARE YOU REQUESTING WITH THIS FORM?

☐ ECONOMIC HARDSHIP WAIVER \$2,000

☐ SUMMER TUITION WAIVER (FULL OR PARTIAL TUITION WAIVER OF ONE 3-CREDIT COURSE)

☐ Other: _____

CERTIFICATION

IN THE SPACES BELOW, DESCRIBE WHY YOU ARE REQUESTING FINANCIAL ASSISTANCE.

- **WHY DO YOU WANT AND/OR NEED THE FUNDS? DESCRIBE THE CHANGE IN YOUR FINANCIAL SITUATION:**

(Some examples below)

- Loss of financial support
- Unexpected medical expenses
- Significant and unexpected increases in tuition and/or living costs

- **HOW WAS THIS CHANGE IN FINANCIAL SITUATION UNFORESEEN** (Unforeseen means that the situation was not anticipated or predicted; it happened suddenly)

- **WHAT STEPS HAVE YOU TAKEN TO CHANGE YOUR FINANCIAL SITUATION?**

By signing below, you confirm that everything you have provided on this form is accurate and true to the best of your knowledge. I understand that providing false or misleading information may result in the denial of my request for need-based funds and could have further implications, including but not limited to, disciplinary action. I agree to provide additional documentation or information if requested to support my application. I also understand that my application may be subject to audit and verification at any time.

SIGNATURE & DATE: _____