

GEORGE MASON UNIVERSITY CENTER FOR PSYCHOLOGICAL SERVICES

Financial Aid Request Form

Client's Name: _____

Client's Phone: (cell): _____ (home): _____

Client's Address: _____

Client's Date of Birth: _____

Parent/Guardian(s) Name(s) if Applicable: _____

Fee Quoted to Client: _____

Reason for Financial Aid Request:

Family:

Number of Individuals in the Household: _____

Number of Dependent Children: _____

Income: *Previous year's income tax forms, FAFSA, or other supporting documentation is required to document financial need.*

Gross Annual Taxable Income: _____

Other Income

Social Security Income (SSI): _____

Social Security Disability Income (SSDI): _____

Temporary Assistance for Needy Families (TANF): _____

Unemployment: _____ General Relief (GR): _____

Retirement: _____ Investment: _____

Have there been significant recent changes in your total income relative to the previous year? If so, explain:

Expenses:

Annual:

Tuition: _____

Medical expenses (including health insurance): _____

Monthly:

Rent/Mortgage (include utilities): _____

Food: _____

Child Support: _____

Loan Payments: _____

Other Significant Expenses: _____

Adult Students: *If the client is claimed as a dependent on another person(s)'s tax returns, income and expenses are based on those of the person(s) claiming the client on his/her tax returns.*

Client is being claimed on another person(s)'s tax returns (circle one): **Yes / No**

Client is financially responsible for 75% or greater of his/her living expenses: **Yes / No**

Client receives financial aid: **Yes / No**

If yes, please submit a copy of FAFSA in lieu of income tax return.

I affirm that all information on this form is true and complete to the best of my knowledge.

Client Name

Date

To be completed by Center staff:

Fee Reduced to: _____

Center Director Signature: _____ Date: _____

Date Client Informed of Outcome of Fee Reduction Request: _____

Date of Intake: _____

**** Please attach this form in the client's intake sheet and notify the client of the fee change.***