BOSTON COLLEGE

Will any of the family members listed above attend college in the 2023–2024 academic year? If yes, provide the following information for each family member that will attend college. Include college information only if enrolled at least half-time in a degree granting program (please note, parent's enrollment in college is not considered). If the school or college is undecided, update the O□ce of Student Services in writing when a decision is made. Veri□cation of sibling(s) enrollment in college for the 2023–2024 academic year will be required in September 2023. Adjustments will be made for siblings whose attendance plans have changed, are considered independent for federal aid, or for whom there is a minimal parent contribution.

Name of Family Member	Name of College	E pected Graduation Year	Full Time or Half Time	Undergrad or Grad	Non-Need Based Aid Amount
1. Student	Boston College				
2.					
3.					
4.					

7. Outside Assistance

Please list the name and annual amount of any outside scholarship or tuition bene□t that you have been awarded for the 2023–2024 academic year. Be sure to indicate if the scholarship is renewable for future years. Attach a copy of the noti□cation/award letter.

Outside Scholarship/Resource Information

Name of Scholarship or Resource	Source/Agency	Amount for 2023–202	Rene able
1.			☐ Yes ☐ No
2.			☐ Yes ☐ No
3.			☐ Yes ☐ No

All outside award checks should be sent to Boston College, O□ce of Student Services, Lyons Hall, 140 Commonwealth Avenue, Chestnut Hill, MA 02467. Please include Eagle ID Number.

☐ Check here if there are more than three outside scholarships. Please include these outside scholarships in the additional information section on the following page.

8. Additional Information/Special Circumstances

Use the following space to answer any questions more completely or to explain any special circumstances you wish to bring to the attention of your Financial Aid Counselor. Please be as specific as possible, including dates, dollar amounts, and documentation when appropriate. **If your parent(s) have experienced a loss of job, change of income, etc.,** visit our website at www.bc.edu/undergradaid for additional information.

9. Other

If you are a nursing student, have you ever received educational financial assistance from the U.S. Department of Health and Human Services? ☐ Yes ☐ No

Are you a member of a religious order (i.e. a man or woman living under religious vows)? If so, which one?

10. Statements and Signatures

I, the student, we, the parents, and student's spouse (if applicable) certify that all information presented is correct at this time and that I/we will send timely notice of any significant change in my/our family situation, family income or assets, or upon receipt of other scholarships or grants. If I am selected as a recipient of a Boston College endowed or donor-sponsored award, I agree to allow the release of pertinent information by college officials. I further agree to the release of any application information to federal and state agencies.

I, the student, affirm that I will be attending Boston College on at least a half-time basis and that I must maintain satisfactory progress in the course of study that I am pursuing according to the standards and practices of Boston College. In addition, I authorize Boston College to retain federal financial aid funds to cover the cost of tuition, fees, room, board, and other costs associated with my attendance at Boston College. If at any time I wish to change this authorization, I understand that I must notify the Office of Student Services in writing of the change.

The student and at least one parent (and the student's spouse, if applicable) must sign this form.

Student's Signature _____ Parent's Signature _____

Date _____ Date _____

Spouse's Signature _____ Parent's Signature _____

Date _____ Date _____

Notice of Nondiscrimination