

## 2022-2023 International Application for Graduate Financial Aid

		Perso	nal Information		
Name:	(Last)	(First)		(Middle)	☐ Female ☐ Male
Permanent Address:	(Street)				
(if in U.S.)	(City)	(State	e)	(Zip)	(Country)
Date of Birth : (mm/dd/yyyy)		Place of Birth :		Citizenship:	
_	which you applied:	☐ M.F.A Visu	ual Arts 🔲 M.F.	A Illustration and	Visual Culture
Dual Degree:	: ☐ No ☐ Yes (please in	dicate):			
Dual Degree	: 🔲 No 🚨 Yes (please in		t's Information		
	: □ No □ Yes (please in			other, Female G	uardian
Father, Step1		Paren	Mother, Stepm	other, Female G	
Father, Stept	father, Male Guardian	ParenAge	Mother, Stepm		
Father, Stept Name: Occupation: _	father, Male Guardian	<b>Paren</b> Age	Mother, Stepm _ Name: Occupation:		Age
Father, Stepf Name: Occupation: _ Employer:	father, Male Guardian	Paren Age	Mother, Stepm _ Name: Occupation:		Age
Name: Occupation: _ Employer: Marital Statu	father, Male Guardian	Age	Mother, Stepm _ Name: Occupation: Employer: Mother Deceased	☐ Father Dec	Age
Father, Stepf Name: Occupation: _ Employer: Marital Statu	father, Male Guardian	Age	Mother, Stepm _ Name: Occupation: Employer: Mother Deceased	☐ Father Dec	Age

# \*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** 

,	2020 (Actual)	2021 (Estimate)
Father's Total Income	U.S. \$	U.S. \$
Mother's Total Income	U.S. \$	U.S. \$
Other Income	U.S. \$	U.S. \$
Total	U.S. \$	U.S. \$

Describe:

#### **Dependents**

Please list the names of <u>all</u> 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
· rome	7.90		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:

ronae are varae er are remenning	ranning 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:	
ITNAT'	
Othici.	

#### **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 <u>NOT</u> guarantee that you will be awarded a scholarship to cover any expenses not met by your contribution.* 

	2021-2022 Expenses*	Available Funds	Source of Funds
Tuition & Fees	U.S. \$ 46,188	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. \$ 2,630	U.S. \$	
Total	U.S. \$70,818	U.S. \$	

<sup>\*</sup> Expenses are for the current academic year. Tuition and expenses for 2022-2023 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 Co	mmittee of any aspects of your financial situation or any special circumstances
which merit attention and are not apparent in the oth	ner sections of this form. Attach additional pages if necessary.
	Certification
By signing and dating the application below, you ack	nowledge:
<ul> <li>That the information on this form is true, co may be required and/or requested.</li> </ul>	rrect, and complete and that you can provide any additional documentation that
·	to verify the information reported in the Financial Information section.
<ul> <li>That any misrepresentation may be cause for</li> </ul>	· · · · · · · · · · · · · · · · · · ·
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Ci	Cimarkum
Signature:(Student)	Signature: (Father/Guardian)
(Student)	(Father) Gaardian)
Signature:	Date:
(Mother/Guardian)	(Month, Day, Year)
Applications for financial aid are separate from, a	nd have <u>NO</u> 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.
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Please Email Completed Aid Application To:

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

> Todd Farr Assistant Director of Financial Aid Sam Fox School of Design and Visual Arts tfarr@wustl.edu

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