	APPLICAT FINANCIAL A DOCTORAL	SSISTANCE	PhD Program Office 302 Thompson Home Wayne State University School of Social Work 4756 Cass Avenue
WAYNE STATE UNIVERSITY SCHOOL OF SOCIAL WORK			Detroit, Michigan 48202 Phone: (313) 577-4419 Fax: (313) 577-8770 Email: sswphd@wayne.edu
General Information (Re	evised Fall 2005)	Please print and avoid contact with the edge of the box	A B C D 1 2 3 4
Social Security Number		Birth Date	
First Name	MI Last Nan		
Address			
City		Stat	ie Zip
Home Phone	Business	Phone	
Email Address - Please PRINT clear	rrly in Upper Case ABCC	1234	
Financial Assistance requested for	or:	Student Status	
		O FT Doctoral Program	
Fall Term Year		O PT Doctoral Program	
To what sources have you applie	ed for financial aid:		
O OSFA (required)	O Other (Please specify)		
O Graduate School			
Indicate if you have received notic scholarship from any source inclu			
			\$
			\$

Page 1 of 4
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\$



#### Attach a copy of your individual and spouse W-2 forms and ALL other proof of income.

## Assets

I. Income (Current)

⊖ Earnings: Self	\$ O Alimony \$	
O Earnings: Spouse, LTP, other	\$ ○ Child Support \$	
O Social Security	\$ ○ Unemployment Benefits \$ (proof required)	
○ AFDC	\$ O Veteran Benefits	
O SSI	\$ O Other: Identify	
II. Other:		
O Checking	\$ Employer tuition reimbursement	O Yes O No
⊖ Savings	\$	
O Stocks/Bonds	\$	

If your expenses exceed your income please provide your source(s) of support. Failure to indicate source(s) of support may result in disqualification of your application. Applicants indicating no source of active income must provide a statement of explanation.

### Liabilities/Monthly Expenses

Ι.	Ρ	er	sc	n	al	:
••	•	<u> </u>	~~		~	•

○ Rent/Mortgage	\$ ○ Clothing/Laundry/Cleaning	\$
⊖ Car Payment	\$ ○ Child Care/Support	\$
O Car Maintenance/Insurance	\$ O Medical/Dental	\$
O Utilities	\$ O Credit Cards	\$
○ Food/Household Supplies	\$ O Education Loans	\$
II. Other (not listed above):		\$



# **Financial Plan**

### A. How do you anticipate paying for your education? (Please fill in all that apply)

	O Loans	O Employer
	O Scholarships	O Friends
	○ Credit Cards	O Church
	O Personal Savings	O Other
	⊖ Family	
в.	Number of dependent ch	ildren:
	Ages of children:	
	Number of other depende	ents: Relationship:

### C. Please indicate any special factors which should be taken into consideration in evaluating your application.





#### **Doctoral Program Funding**

(Available to Full-time students only)

- O School of Social Work Research Assistantship
- O School of Social Work Tuition Waiver

#### PLEASE READ CAREFULLY BEFORE SIGNING

Only complete applications will be considered for SSW research assistantships or tuition waivers. All applications must include a completed FAFSA, Canadian students must submit an OSAP, foreign students must submit confirmation of financial support, supporting tax documentation and proof of all income earned. Earned income includes income earned through employment, income presented as gifts, and income from a spouse, if applicable. Incomplete, missing or inaccurate information will result in disqualification of an application for SSW research assistantships or tuition waivers.

All information on this form is accurate and complete to the best of my knowledge.



Today's Date

Application deadline: January 31

Disclaimer: Applications received after deadline date are not guaranteed processing.

#### For Office Use only

Final BS/BA/BSW	Final MS/MA/MSW		
GPA	GPA		