



THE CATHOLIC UNIVERSITY OF AMERICA
Office of Student Financial Assistance

FAMILY GRANT APPLICATION (2017 - 2018)

The CUA Family is awarded under the following conditions:

- The family has two or more dependent children (As determined by the FAFSA) of the same household
- Students are concurrently registered as full-time students (attempting a minimum of 12 credit hours) at The Catholic University of America
- Pursuing their first undergraduate degrees
- Students must be maintaining Satisfactory Academic Progress (SAP) to continue eligibility.
- No student will be considered eligible for the Family Grant because he or she is married to a student or because of concurrent enrollment of a parent.
- The Family Grant Application must be submitted before or during the semester in which the award is to be credited.

If the above conditions are met, the older sibling(s) is/are eligible for a CUA Family Grant of \$2,000 per year.

Important Notes:

- The Family Grant is only offered in the fall and spring semesters, no summer awards are available.
- CUA Family Grants are credited equally to each semester; \$1,000 for Fall and \$1,000 for Spring.
- Retroactive requests for a CUA Family Grant will not be considered.

Please indicate the semesters for which you anticipate being eligible for a CUA Family Grant.

Semesters:	Fall & Spring	Fall Only	Spring Only
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Please complete the section below for each sibling that will be enrolled full-time towards their first undergraduate degree, if **at least two students** are not listed no award will be considered.

Student Name (please print)	Student CUA ID#	AGE
Sibling's Name (please print)	Student CUA ID#	AGE
Sibling's Name (please print)	Student CUA ID#	AGE
Sibling's Name (please print)	Student CUA ID#	AGE

I certify that all of the information provided on this form is true and complete to the best of my knowledge. I understand that my sibling(s) and my enrollment will be reviewed after the close of the add/drop period. I also understand that the CUA Family Grant will be canceled if my sibling(s) or my enrollment falls below full-time status.

Student Signature _____ Date _____

NOTE: Signature must be handwritten. Computer fonts are not acceptable.

Parent Signature _____ Date _____

NOTE: Signature must be handwritten. Computer fonts are not acceptable.

USE ONE OF THE FOLLOWING METHODS TO RETURN THIS FORM:

MAIL or IN PERSON	FAX	EMAIL
The Catholic University of America Father O'Connell Hall, Suite M300 620 Michigan Avenue, NE Washington, DC 20064	202-319-5573	CUA-FAFORMS@CUA.EDU