

UNIVERSITY OF HARTFORD

THE HARTT SCHOOL COMMUNITY DIVISION

Committed to Community

FINANCIAL AID APPLICATION

CHECKLIST

- Completed Financial Aid Form (Required)
- Supplemental Financial Documentation (Required)
- Statement of Need (Optional)

SELECTION POLICY

Financial aid awards are determined based on a holistic review of the application materials and remaining funds. Awards are calculated on a sliding scale.

SUBMISSION OF APPLICATION

In addition to completing this application, please provide supplemental financial information, which may include any of the following (please remove Social Security Numbers from any submitted documents):

- Your most recent U.S. Tax Form (i.e. 1040)
- A copy of your W2
- Proof of Unemployment (i.e. Statement of Benefits)
- Proof of Social Security (i.e. Statement of Benefits)

We encourage you to submit a statement along with your application materials to express how financial assistance will benefit the student. If you do NOT have any of the supplemental financial materials indicated above, please contact us and we will gladly work with you to complete your application.

APPLICATION SCHEDULE

Applications are accepted on a rolling basis and can be submitted at any time. For priority consideration prior to the start of the academic year, all materials must be received by August 15.

RETURN ALL MATERIALS TO:

Hartt Community Division
Attention: Registrar
University of Hartford
200 Bloomfield Ave, West Hartford, CT 06117
Fax: 860.768.4777

APPLICATION INFORMATION

Student Name: _____ Date of Birth: _____
Street Address: _____ City/State/Zip: _____
E-mail Address: _____ Phone Number: _____
Name of School: _____ Year of Graduation (High School): _____

PROGRAM SELECTION: Please complete for the program you are applying for.

Private Lessons

Instrument: _____

Teacher Name

(returning students): _____

Lesson Length: 30 Minutes 45 Minutes 60 Minutes

Type (if applicable): Suzuki Traditional

Dance Programs

Dance Class Title: _____

Music Ensemble/Group Classes

Class Title: _____

PARENT/GUARDIAN INFORMATION

Parent/Guardian Name(s): _____ Phone Number: _____

Place of Employment/Position Title: _____

Number of People in the Household: _____ Number of Dependents in the Household: _____

QUESTIONS?

Call 860.768.4451 or e-mail hcdbills@hartford.edu for assistance.

SIGNATURE

Printed Name of Parent/Guardian

Signature of Parent/Guardian

Date: _____

By signing this form, I confirm that this information, to the best of my knowledge, is complete and accurate. I understand that falsification of information in connection with this application may nullify any current awards and prohibit future awards. I confirm that all documents submitted as part of this application process are accurate and that this is an accurate indication of my/our household annual gross income and situation.