



2018-2019 EVENING SCHOOL PROFILE FORM

Instructions: Students enrolling in University College (undergraduate or graduate programs) must complete this form to apply for financial assistance. To receive financial assistance, a student must be **accepted into a degree or eligible certificate program** and **must be enrolled at least half-time to receive federal assistance**.

1. CONTACT INFORMATION			
LAST NAME	FIRST NAME & MI	STUDENT ID	DAYTIME PHONE
PERMANENT MAILING ADDRESS	CITY, STATE, & ZIP		HOME PHONE
	EMAIL ADDRESS		CELL PHONE

2. ACADEMIC INFORMATION					
Academic Division (Select one)	UC University College: Undergraduate UG University College: Graduate		ANTICIPATED GRADUATION (e.g. May 2019)		
College/University Previously Attended	Dates Attended	Degree(s) Received	Received Financial Aid?		
			Yes	No	
			Yes	No	
Will you receive tuition assistance from your employer or any other form of reimbursement for your classes?	Yes	If "yes," amount for the Fall Semester \$	Spring semester \$		
	No	or, % tuition covered %			
Will you receive any other assistance? (e.g., vocational rehabilitation, veteran benefits, AmeriCorps, private scholarships, etc.)					
Yes	No	If yes, please describe: Amount per Semester:			
Please indicate below how many credit hours you plan to enroll in for each semester. A decrease in credit hours may result in a reduction of your loan eligibility. <i>You must be enrolled at least half-time to receive federal aid.</i>					
Fall 2018: _____ Spring 2019: _____ Summer 20__ Session _____: _____					

I have read and understand all of the questions above and have answered them accurately, completely and to the best of my knowledge. I understand that my financial assistance may be adjusted if I do not make satisfactory academic progress or if other changes in my student status occur (i.e., change in enrollment). By signing this worksheet, I certify that the information reported to qualify for federal aid is correct and complete and I will provide all requested documents.

STUDENT'S SIGNATURE _____ DATE _____

Return to: Washington University in St. Louis, Campus Box 1085, 11 N. Jackson Rd, Suite 1000, St. Louis, MO 63105
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