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**SECTION C: PROGRAM APPLICATION AND SOURCES OF FUNDING**

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LIST ALL EXPECTED RESOURCES FOR THE 2009-2010 ACADEMIC YEAR. PLEASE REFER TO THE FINANCIAL INFORMATION ON YOUR I-20.

You are required to provide information for all sources of funding you will be receiving during the 2009-2010 academic year. Enter "D/K" if you expect assistance but do not know the amount at this time.

SOURCE	FALL 09	SPRING 10
GOVERNMENT SUPPORT	\$	\$
FAMILY SUPPORT	\$	\$
SELF SUPPORT (Student)	\$	\$
Tuition Waiver/Scholarship	\$	\$
<b>Private Support:</b> (enter below)		
Name:	\$	\$
Name:	\$	\$
 <b>DO NOT LEAVE THIS SECTION BLANK!!!</b> List Documented Sources of Support on I-20: If the support documented on your I-20 is no longer available, describe in full the reasons for loss of this support:		

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**SECTION D: AUTHORIZATION TO CREDIT CHARGES AND CERTIFICATION STATEMENT**

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**Our funds for international students has been reduced by more than half for this coming year.** The Sasakawa Scholarship is no longer under the Financial Aid Office, and is now administered by the Center for International Programs and Services. (CIPS). Applications for the Sasakawa Funds may be obtained at the CIPS website: <http://oips.gallaudet.edu/> .

I understand that continued eligibility for financial aid is dependent in part on my academic performance.(Academic standards for financial aid are included in application packets, and may be reviewed at: <http://www.gallaudet.edu/x1662.xml>

I understand that financial aid will be determined according to my enrollment as of the end of add-drop period.

I understand that I am required to inform the Financial Aid Office if I receive any source of assistance not reported on this application. (including Institutional waivers, scholarships, VR, and outside assistance).

In the event that I am considered for or receive financial aid from private sources, I authorize the University to release academic and/or financial aid information to agencies or individuals granting the funds. I understand that information may be released if I am selected for a scholarship.

I understand that if I purposely give false or misleading information, it could result in the cancellation of my financial aid. I declare that the information reported on this form to the best of my knowledge and belief is true, correct, and complete.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

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**Print and return this Form to:** Gallaudet University Office of Financial Aid, 800 Florida Avenue, NE, Washington, DC 20002  
 Phone/TTY: 1-800-995-0990 or 202-651-5290 Fax: 202-651-5740

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