



**Hardship Assistance Application
(non-medical)**

Student Name: _____

Duke Unique ID: _____ Date of Birth: _____

Citizenship: U.S. Citizen Permanent Resident Foreign National

Gender: _____

Department/Program: _____

Campus Box: _____ Campus Phone: _____

Duke E-mail: _____

Duke Start Date: _____ Expected Graduation: _____

Home Address: _____

Home Phone: _____

Other Address: _____

Gross family income, including child support: _____

_____ *Tuition and fees directly paid by student: (if past years of funding or partner pays tuition elsewhere)*

Tuition and Fees: _____ Name of Student: _____

Institution: _____

Tuition and Fees: _____ Name of Student: _____

Institution: _____

Subtract total tuition and fees from gross family income to obtain net family income.

Net family income: _____

Confidentiality: All financial information reported will be kept confidential.

Hardship Assistance Application, page 2

Include the following with your application:

- A one-page personal statement of need explaining your hardship situation, how much you are/were required to pay, why these costs present a significant difficulty for you, and any other pertinent special circumstances.
- A federal income tax statement for the most recent tax year (if you are an international student who will not pay taxes, please contact us about what documents we might need in place of the tax statement).
- A financial aid letter for the current academic year (can be a letter from a department official, such as the director of graduate study, detailing stipend and fellowship support).
- Documentation detailing the expense, including receipts/statements and an itemized summary of your costs.
- A summary of your current expenses and outstanding debts so we can more easily understand your situation.
- Additional documentation may be requested upon review of your application.

Be sure that all financial figures accurately reflect current household information.

Please read the following statements carefully and sign at the bottom to indicate that you understand and agree to all the terms.

- I verify that all information provided on this form is accurate and complete to the best of my knowledge. I understand that providing inaccurate information could result in adjustments to existing or future awards and repayment of financial aid disbursements.
- I agree to provide additional documentation if requested prior to and after awarding. I understand that failure to comply could result in adjustments to existing or future awards and repayment of financial aid disbursements.
- I understand that approval of this request does not assure approval of a similar future request and that any financial assistance offered is limited by the availability of funds in any given year.
- I understand that assistance grants are subject to taxation based on the withholding rate set by the IRS.

THIS FORM MUST BE SIGNED BEFORE CONSIDERATION CAN BE MADE.

Student Signature

Date