

Office of Financial Assistance

Phone: (508)793-7478

950 Main Street, Worcester, MA 01610

Submit by Fax: (508) 793-8802 or Email: finaid@clarku.edu or

CUWeb secure document upload

2024-2025 Undergraduate School of Professional Studies Financial Aid Application

Student Name:		Student ID: C	
What is your citizenship status? U.S. Citizen	☐ U.S. Permanent Resident	☐ International Student	
How many units do you plan to en	roll for in each of the following semesters	e? (1 Unit = 1 Class/4 Credits)	
Summer 2025 # o	Units Fall 2025 # of Units	Spring 2026 # of Units	
If you are a recipient of Clark Unive	ersity scholarship please indicate the perd	centage:	
New st	udents for 2025-2026, please attach a cop	y of your admissions letter.	
Please report all other resources for	or financing your education, indicating the	e source of the support and the amount:	
Tuition reimbursement/assistance	e by an employer:		
Tuition reimbursement/assistance	e by an agency:		
Private scholarships from sources	other than Clark:		
Other:			
 Incomplete applications, ir Additional information ma your account. To avoid del 	ays in processing, please respond to reque	ft blank will delay your award. to complete your application or disburse financial aid to	
to provide all required information knowledge. I also agree to notify the	as part of my application and I have made	included with my application for financial aid. I agree true and accurate statements to the best of my niversity if I am awarded financial assistance from any	
Student's Signature		Date	