

## 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

## 2025-2026 Undergraduate School of Professional Studies Financial Aid Application

Student Name:		Student ID: C	
What is your citizenship status?  U.S. Citizen	□ U.S. Permanent Resider	nt	
How many units do you plan to enr	oll for in each of the following s	emesters? (1 Unit = 1 Class/4 Credits)	
Summer 2025 # of	Units Fall 2025 # of U	Units Spring 2026 # of Units	
If you are a recipient of Clark Unive	rsity scholarship please indicate	the percentage:	
***New stu	udents for 2025-2026, please att	ach a copy of your admissions letter.***	
Please report all other resources fo	r financing your education, indi	cating the 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:			
<ul> <li>Additional information may your account. To avoid dela</li> </ul>	cluding any sections of this appli be requested during the acade ays in processing, please respond	nts have been received. ication left blank will delay your award. mic year to complete your application or disburse final d to requests for information promptly. y 1st, Fall Deadline June 1st, Spring Deadline December	
to provide all required information a	as part of my application and I ha e Office of Financial Assistance a	ormation included with my application for financial aid ave made true and accurate statements to the best of at Clark University if I am awarded financial assistance fication.	my
Student's Signature		Date	