

FAMILY GRANT APPLICATION (2023 - 2024)

The Catholic University Family Grant is awarded under the following conditions:

The family has two or more dependent children (As determined by the FAFSA) of the same household Students are concurrently registered as full-time students (minimum of 12 credit hours) at The Catholic University of America

Pursuing their first undergraduate degrees

Students must be maintaining Satisfactory Academic Progress (SAP) to continue eligibility.

No student will be considered eligible for the Family Grant because he or she is married to a student or because of concurrent enrollment of a parent.

The Family Grant Application must be submitted before the semester in which the award is to be credited. Awards will not be processed after the last day of classes.

If the above conditions are met, the older sibling(s) is/are eligible for the Family Grant of \$2,000 per year.

Important Notes: This award will only be issued once both students are registered.

- The Family Grant is only offered in the fall and spring semesters, no summer awards are available.
- Family Grants are credited equally to each semester; \$1,000 for Fall and \$1,000 for Spring.
- Retroactive requests after courses have ended will not be considered.

| Please indicate the semesters for which you anticipate being eligible for the Catholic University Family Grant. | | | | | | |
|---|--|-----------|-----------------|--------------------|--|--|
| Semesters: | Fall & Spring | Fall Only | Spring Only | | | |
| Please complete the section degree, if at least two stu | | | | irst undergraduate | | |
| Student Name (please print) | | Stude | Student CUA ID# | | | |
| Sibling's Name (please print) | | Stude | ent CUA ID# | AGE | | |
| Sibling's Name (please pri | nt) | Stude | ent CUA ID# | AGE | | |
| Sibling's Name (please print) | | Stude | ent CUA ID# | AGE | | |
| I certify that all of the information provided on this form is true and complete to the best of my knowledge. I understand that my sibling(s) and my enrollment will be reviewed after the close of the add/drop period. I also understand that the CUA Family Grant will be canceled if my sibling(s) or my enrollment falls below full-time status. | | | | | | |
| Student SignatureNOTE: Signature | gnature must be handwritten. Computer fonts | Date_ | | | | |
| Parent Signature | ignature must be handwritten. Computer font: | Date_ | | | | |

USE ONE OF THE FOLLOWING METHODS TO RETURN THIS FORM:

| | MAIL or IN PERSON | FAX | EMAIL | | | |
|--|------------------------------------|--------------|---------------------|--|--|--|
| | The Catholic University of America | | | | | |
| Father O'Connell Hall, Suite M300 620 Michigan Avenue, NE | | 202-319-5573 | CHA EAEODMS@CHA EDH | | | |
| | | | CUA-FAFORMS@CUA.EDU | | | |
| | Washington, DC 20064 | | | | | |