

Office of Student Financial Assistance

FAMILY GRANT APPLICATION (2024 - 2025)

The Catholic University Family Grant is awarded un	der 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 <u>(minimum of 12 credit hours)</u> 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 d	-				
If the above conditions are met, the older sibling	g(s) is/are eligible for the Fam	ily Grant of \$2,000 per year.			
Important Notes: This award will only be issue	ed once both students are rec	listered.			
• 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. 					
Refloactive requests after courses have end	ied will not be considered.				
Please indicate the semesters for which you anticip	ate being eligible for the Cath	olic University Family Grant.			
Semesters: Fall & Spring		ng Only			
Please complete the section below for each sibling		towards their first undergraduate			
degree, if at least two students are not listed no	award will be considered.				
Student Name (please print)	Student CUA	ID# AGE			
Sibling's Name (please print)	Student CUA	ID# AGE			
Sibling's Name (please plint)	Student COA	ID# AGE			
Sibling's Name (please print)	Student CUA	ID# AGE			
Sibling's Name (please print)	Student CUA	ID# AGE			
I certify that all of the information provided on this form					
my sibling(s) and my enrollment will be reviewed after the Family Grant will be canceled if my sibling(s) or my enror					
Student Signature	Date				
Student Signature <u>NOTE: Signatures must be handwritten.</u>					
Parent Signature					

USE ONE OF THE FOLLOWING METHODS TO RETURN THIS FORM:

MAIL or IN-PERSON	FAX	CARDINAL STATION	
Student Financial Assistance Fr. O'Connell Hall M300 620 Michigan Avenue NE Washington, D.C. 20064	202-319-5573	financial-aid.catholic.edu/upload (requires student login)	ייגריטי