

Office of Student Financial Assistance

## FAMILY GRANT APPLICATION (2025 - 2026)

Available to students admitted BEFORE Fall 2024.

The Catholic University Family Cr	ant is sworded u	ndor the followin	a conditiona:			
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 <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 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.						
<ul> <li>Family Grants are credited equally to each semester; \$1,000 for Fall and \$1,000 for Spring.</li> <li>Retroactive requests after courses have ended will not be considered.</li> </ul>						
Please indicate the semesters for which you anticipate being eligible for the Catholic University Family Grant.						
Semesters: Fa	all & Spring	Fall Only	Spring Only			
Please complete the section belo	w for each siblir	ng that will be en	rolled full-time towards the	ir first undergraduate		
degree, if at least two students						
Student Name (please print)		·	Student CUA ID#	AGE		
Student Name (please plint)				AGL		
Sibling's Name (please print)			Student CUA 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 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 Signature NOTE: Signatures must be h			Date	_		
Parent Signature			_Date	-		

## USE ONE OF THE FOLLOWING METHODS TO RETURN THIS FORM:

MAIL or IN-PERSON	FAX	CARDINAL STATION	I
Student Financial Assistance			δ
Fr. O'Connell Hall M300	202-319-5573	financial-aid.catholic.edu/upload	Ť
620 Michigan Avenue NE	202-519-5575		3
Washington, D.C. 20064		(requires student login)	I