



ST. JOSEPH'S COLLEGE APPLICATION FOR ALUMNI GRANT

Name _____ Date _____
Last First Middle

Street address _____ Phone _____

City _____ State _____ ZIP _____

Relative _____
First (Maiden-if name at graduation) Last

Relationship _____ Class of _____

I have applied for admission to St. Joseph's College for _____ of _____ Class of _____. Campus Brooklyn Long Island
Semester Year Year

School currently attending _____ Class of _____

BEFORE BEING CONSIDERED FOR THE ALUMNI GRANT YOU MUST:

1. Submit your Free Application For Federal Student Aid (FAFSA) online at www.fafsa.ed.gov or by completing and mailing the FAFSA form.

Date submitted _____

2. Indicate below any other financial assistance for which you have applied and which has been awarded to you.

3. Mail this application **NO LATER THAN MARCH 15** to the campus you are or will be attending:

Brooklyn Alumni Office, St. Joseph's College, 245 Clinton Avenue, Brooklyn, NY 11205

Long Island Alumni Office, St. Joseph's College, 319 West Roe Boulevard, Patchogue, NY 11772

The Alumni Grant is awarded for ONE ACADEMIC YEAR AT A TIME. If financial circumstances and/or the student's grades change, awards may be adjusted.

**FINANCIAL AID APPLICATIONS (FAFSA) MUST BE SUBMITTED EACH YEAR.
GRANTS WILL BE AWARDED ONLY TO FULL-TIME STUDENTS.
PREFERENCE WILL BE GIVEN TO CHILDREN OF ALUMNI.**

I give the Alumni Grant Committee permission to seek information concerning my grades.

Signature _____ **Date** _____