

Suffolk University
Office of Financial Aid
 41 Temple Street
 Boston, MA 02114

\$1000 Family Discount Plan
Application 2008-2009

The Family Discount Plan was established to assist families with more than one undergraduate student enrolled at Suffolk University. *Both family members must be full-time undergraduate students enrolled in the School of Management (S.O.M.) or College of Arts (C.A.S.)* **If eligible, each family member will receive a \$500 discount on his/her tuition.** Please note this plan is only available to immediate family members (parents, spouses or siblings). Applicants for this program may be required to provide verification information (i.e. parents' tax returns, birth certificates, etc.).

Applicant Section: (First student to enroll at Suffolk)

Name: _____ **Date of initial enrollment:** _____
Social Security #: _____ **I.D. #:** _____
Address: _____ **E-mail address:** _____
 _____ **Phone #:** (____)____-_____

Number or credits enrolled for: **Enrolled in: (check one)**
 Fall 2008 _____ Spring 2009 _____ SOM _____ CLAS _____

Are you currently receiving other financial aid? _____

Family member Section: (Second student to enroll at Suffolk)

Second student's relationship to applicant: (circle one) Spouse / Brother / Sister / Parent

Name: _____ **Date of initial enrollment:** _____
Social Security #: _____ **I.D. #:** _____
Address: _____ **E-mail address:** _____
 _____ **Phone #:** (____)____-_____

Number or credits enrolled for: **Enrolled in: (check one)**
 Fall 2008 _____ Spring 2009 _____ SOM _____ CLAS _____

Are you currently receiving other financial aid? _____

Applicant's signature: _____ **Date:** _____

Second family member's signature: _____ **Date:** _____

Parent's signature: _____ **Date:** _____