

EUPI Application for Tuition Support
2024-2026

APPLICATION FACE SHEET

1. Candidate Name: _____

2. Date of Birth: _____

3. Address: _____

4. Contact Number: _____

5. Email Address: _____

6. Education:

a. Graduate degree program: _____

b. Degree: _____

c. Graduation date: _____

7. Marital Status: _____

8. Occupation: _____

This face sheet will be filed by Ayanna Webb, Program Coordinator. She will assign your application a Number. The EUPI Tuition Support Committee will blindly review pages 2 & 3 of this application.

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15. What other scholarship support have you applied for, received (or expect to receive) for EUPI 2024-2025 tuition? _____

16. Are you interested in "work study" projects to offset EUPI tuition costs? _____

16a. If you are interested in "work study" projects, what skills or experiences (non-clinical) might you be willing to offer? _____

17. List other circumstances that we should take in consideration. _____

I hereby confirm that the information provided is accurate, correct and complete and that the documents submitted along with this application form are genuine.

 Signature Date

****Please include a copy of your most recently filed tax returns (as well as your partner's if filing separately). Do please redact all names, addresses, and Social Security numbers. Your tax information will be shredded immediately following review of your application. Thank you!**

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