THE UNIVERSITY of TEXAS
HEALTH SCIENCE CENTER
at HOUSTON

# Office *of* Student Financial Aid
## 2009-2010 Supplemental Form

**Please print clearly**

Name: _____
Last First MI

Student ID# A_____ Phone # (_____) _____-_____ Email address _____

Academic program for 2009-2010: _____

Indicate the term(s) in the award year for which you will be enrolled at least half-time:
_____SUMMER 2009 _____FALL 2009 _____SPRING 2010

Are you a resident of the state of Texas for tuition purposes? _____Yes _____No

**Child Care**

If married, for Academic year 2009-2010 will your spouse be:
_____employed (Full-time) _____ (Part-time) _____ (Not employed)
_____student (Full time) _____ (Part-time) _____ (Not a student)

❑ Child Care Expenses (List all dependents that are less than 6 years of age)

| Name | Age | Relationship | Lives with applicant |
|---|---|---|---|
| | | | |
| | | | |
| | | | |

**Other Resources:** Are you applying for financial assistance from any source(s) outside of this office?

___Armed Forces HPS ___ Veterans Benefits ___ Hazelwood Act
___ Americorps ___ Traineeship, Stipend ___ Tuition/Fee Sponsor
___Scholarship(s) ___Other

Amt _____ Organization_____

**Nursing Students Only**

City/County you plan to practice in as a professional nurse _____/_____
Are you a Licensed Vocational Nurse (LVN)? _____Yes _____No
If yes, are you currently employed as a LVN? _____Yes _____No
If yes, name of your employer: _____

**Graduation Date**

Expected graduation date from UTHSC-H: _____

_____ _____
Student Signature Date