

# LESLEY UNIVERSITY FINANCIAL AID Threshold Scholarship Application Form 2025-2026

To be considered for Lesley University scholarship opportunities, the Financial Aid Office asks that you complete this form to give an accurate picture of your financial situation. Please note that completion of this form does not guarantee a scholarship award as funds are limited. Scholarship decisions and amounts are subject to change based on a student's approval for district funding. For specific questions, please contact the Lesley University Director of Threshold Admissions and Engagement Enrollment Operations, Colin Brady, by emailing <u>cbrady5@lesley.edu</u> or by calling 857-360-5039.

### A. Student Information

Last Name	First Name	Middle Initial	Lesley ID#
Address (Include Apa	rtment Number if Applicable)		Primary Phone Number (with area code)
City	State	Zip Code	Email Address
R Custodial Par	rent/Guardian Contact	Information	
B. Custodial Par	rent/Guardian Contact	Information Middle Initial	Relation to Student
Last Name		-	Relation to Student Primary Phone Number (with area code)

## C. Household Information

#### COMPLETE THE CHART BELOW WITH THE FOLLOWING:

- Yourself
- Your parents, including your step-parents, even if you choose not to live with them
- Your parent(s)' other children if the parents will provide *MORE THAN HALF* of those children's support from July 1, 2025 through June 30, 2026
- Other people if they now live with your parents and the parents provide *MORE THAN HALF* of the other person's support and will continue to provide more than half of that person's support through June 30, 2026.

NAME	AGE	RELATION TO STUDENT	ENROLLED IN COLLEGE?
Student Applicant's Name:		SELF	YES

## **D.** Financial Information

**Parent/guardian(s) and student must submit their 2023 Federal Income Tax copies if applicable along with this form.** If your parent/guardian(s) are married or re-married, please include information for both parents/guardians. Investment, asset, & bank account information should be reported as of the date the application is completed.

#### Parent/Guardian Marital Status:

PARENT/GUARDIAN FINANCIAL INFORMATION				
2023 Child Support Received	\$			
2023 Annual Retirement Contributions	\$			
2023 IRA Distributions	\$			
Net Worth of Real Estate	\$			
Stocks	\$			
CD's	\$			
Bonds	\$			
Trust Funds	\$			
Business Value	\$			
Cash	\$			
Savings	\$			
Checking Balance	\$			

STUDENT FINANCIAL INFORMATION				
2023 Child Support Received	\$			
2023 Annual Retirement Contributions	\$			
2023 IRA Distributions	\$			
Net Worth of Real Estate	\$			
Stocks	\$			
CD's	\$			
Bonds	\$			
Trust Funds	\$			
Business Value	\$			
Cash	\$			
Savings	\$			
Checking Balance	\$			

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### E. Other Information

Coverdale/529 Prepaid Plan Balance (if applicable):

Outside Scholarship Amount(s) (if applicable):

School District Assistance Information (Please include amount if known):

Expected Assistance from Other Sources (ex. Non-custodial parent, outside agencies, family members, CBO's):

Please add any relevant information not already covered here (if necessary, please attach separate page):

## **F.** Certification

By signing this form, I (we) certify all information reported to the Financial Aid Office is complete and accurate.

Student's Signature

Date

Parent's or Spouse's Signature (as applicable)

Date