LESLEY UNIVERSITY FINANCIAL AID
Threshold Scholarship Application Form
2027-2028

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 cbrady5@lesley.edu or by calling 857-360-5039.

A. Student Information

Last Name | First Name | Middle Initial | Lesley ID#

Address (Include Apartment Number if Applicable) | Primary Phone Number (with area code)

City | State | Zip Code | Email Address

B. Custodial Parent/Guardian Contact Information

Last Name | First Name | Middle Initial | Relation to Student

Address (Include Apartment Number if Applicable) | Primary Phone Number (with area code)

City | State | Zip Code | Email Address

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, 2027 through June 30, 2028
- 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, 2028.

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 2025 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	
2025 Child Support Received	$
2025 Annual Retirement Contributions	$
2025 IRA Distributions	$
Net Worth of Real Estate - Exclude Primary Residence	$
Stocks	$
CD's	$
Bonds	$
Trust Funds	$
Business Value	$
Cash	$
Savings	$
Checking Balance	$

STUDENT FINANCIAL INFORMATION	
2025 Child Support Received	$
2025 Annual Retirement Contributions	$
2025 IRA Distributions	$
Net Worth of Real Estate - Exclude Primary Residence	$
Stocks	$
CD's	$
Bonds	$
Trust Funds	$
Business Value	$
Cash	$
Savings	$
Checking Balance	$

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