



UNIVERSITY
of ST. THOMAS
MINNESOTA

2009-10 Part-Time Graduate Student Grant Application

Name			UST ID #		
Street Address	City	State	Zip	Phone	

Program:

Education
 Psychology
 Social Work

Expected Enrollment: (you must take fewer than six credits per term)

Fall Semester _____ credits
 Spring Semester _____ credits
 Summer Semester _____ credits

Income Guidelines:

This Grant is intended for part-time graduate students that meet income guidelines. Your 2008 Adjusted Gross Income must be less than the figures listed below based on the size of your family.

1 person family \$10,830
 2 person family \$14,570
 3 person family \$18,310
 4 person family \$22,050
 5 person family \$25,790
 6 person family \$29,530
 7 person family \$33,270
 8 person family \$37,010

***** Please include a signed photo copy of your 2008 Federal Tax Return. *****

Signature	Date
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Return this form to:
 University of St. Thomas
 Financial Aid Office, AQU 328
 2115 Summit Ave
 St. Paul, MN 55105
 Phone: 651-962-6550
 Fax: 651-962-6599

For Financial Aid Use Only –D14000

Approved: _____ Amount: \$ _____
 Denied: _____
 Initials: _____ Date: _____