

Please contact our office if you need assistance completing this form.

CF23FDPC  
DEP or INDEP student

## Suffolk University

• Office of Student Financial Services • 73 Tremont Street • Boston, MA 02108  
617-573-8470 • 617-720-3579 (fax)

**2023 – 2024**

### \$1000 Family Discount Application

The Family Discount Plan was established to assist families with more than one Undergraduate Student enrolled at Suffolk University. ***Both family members must be full-time undergraduate students enrolled in the Sawyer Business School (SBS) or College of Arts (CAS).*** If eligible, each family member will receive a \$500 discount on his/her tuition. Please note this plan is only available to immediate family members. Applicants for this program may be required to provide verification information (i.e. tax returns, birth certificates, etc.).

#### Applicant Section: (First student to enroll at Suffolk)

Name: \_\_\_\_\_

Date of initial enrollment: \_\_\_\_\_

I.D. #: \_\_\_\_\_

Address: \_\_\_\_\_

E-mail address: \_\_\_\_\_

\_\_\_\_\_

Phone #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Number or credits enrolled for:

Enrolled in: (check one)

Fall 2023 \_\_\_\_\_ Spring 2024 \_\_\_\_\_

SBS \_\_\_\_\_ CAS \_\_\_\_\_

Are you currently receiving other financial aid? \_\_\_\_\_

#### Family member Section: (Second student to enroll at Suffolk)

Second student's relationship to applicant: (circle one) Spouse / Sibling / Parent

Name: \_\_\_\_\_

Date of initial enrollment: \_\_\_\_\_

I.D. #: \_\_\_\_\_

Address: \_\_\_\_\_

E-mail address: \_\_\_\_\_

\_\_\_\_\_

Phone #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Number or credits enrolled for:

Enrolled in: (check one)

Fall 2023 \_\_\_\_\_ Spring 2024 \_\_\_\_\_

SBS \_\_\_\_\_ CAS \_\_\_\_\_

Are you currently receiving other financial aid? \_\_\_\_\_

Applicant's signature: \_\_\_\_\_

Date: \_\_\_\_\_

Second family member's signature: \_\_\_\_\_

Date: \_\_\_\_\_