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

## **Suffolk University**

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

## 2024 - 2025

## \$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:UID. #:
Number of credits enrolled for: Fall 2024Spring 2025	Enrolled in: (check one) SBS CAS
Are you currently receiving other financial aid?	
Family member Section: (So	econd student to enroll at Suffolk)
Second student's relationship to applicant: (pick one)	Spouse / Sibling / Parent
Name:	Date of initial enrollment: UID #:
Number of credits enrolled for: Fall 2024Spring 2025	Enrolled in: (check one) SBSCAS
Are they currently receiving other financial aid?	
Student's signature:	Date:
A "wet signature" is required, electronic signature will not be acce	pted.