Columbia **Law School**

CENTER FOR PUBLIC RESEARCH
AND LEADERSHIP

ACADEMIC AND FINANCIAL AID DATA FORM
2026-2027 ACADEMIC YEAR

Student Name: _____
Last First MI

Home Academic University: _____

Department: _____

E-mail Address: _____

By signing below, I hereby authorize my academic institution to disclose the information requested below to the Center for Public Research and Leadership at Columbia Law School.

Student Signature: _____ Date: _____

INSTRUCTIONS FOR THE FINANCIAL AID OFFICE

- Complete the following information for the student named above for the 2026-2027 academic year using a 9-month budget. If your school does not use a 9-month budget or if the student will be enrolled for a partial year, complete the information below based on your school's 2025-2026 academic year/term and note the length of the academic year/term on this form.
- For the student named above, please list funding from all sources for the 2026-2027 academic year, including government grants (federal, state, local), grants/scholarships from the institution, other outside grants/scholarships, employer paid tuition benefits, prizes, etc.
- Email this form to the Center for Public Research and Leadership (cprl@law.columbia.edu) by **April 17, 2026**.

Student's expected graduation date (month / year) _____/_____

Institution operates on: ☐ Semesters ☐ Quarters ☐ Other _____

2026-2027 Academic year (9-month) – Actual/Anticipated Source(s) of Aid				
Source(s) of Aid:	**Annual Amount:**	**Semester Amount:**	**Name/Description:**	**Award/grant restrictions (Tuition, Fees, Living expenses, term, Other):**
Other outside grants/scholarships:	*$40,000*	*$20,000*	*Fulbright Scholarship*	*Tuition, Fees, Living expenses, Local travel*
Federal/state government grants:	$	$		
Veteran's benefits:	$	$		
Grants/scholarships from institution:	$	$		
Other outside grants/scholarships:	$	$		
Other outside grants/scholarships:	$	$		
Other resources:	$	$		
Other resources:	$	$		

Cont'd on p.2

Certification of financial aid office: I certify that the information provided on this form is true, correct, and complete to the best of my knowledge.

Signature of Financial Aid Officer (preparer): _____ Date: _____

Printed Name and Title: _____

Phone Number: _____ Email: _____