

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 2024-2025 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 2024-2025 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 2024-2025 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 ([cpri@law.columbia.edu](mailto:cpri@law.columbia.edu)) by April 5, 2024.

Student's expected graduation date (month / year) \_\_\_\_\_/\_\_\_\_\_

Institution operates on:  Semesters  Quarters  Other \_\_\_\_\_

2024-2025 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):
<i>Other outside grants/scholarships:</i>	\$40,000	\$20,000	<i>Fulbright Scholarship</i>	<i>Tuition, Fees, Living expenses, Local travel</i>
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: \_\_\_\_\_