



The University of the District of Columbia  
**David A. Clarke School of Law**  
*Learning Law in the Spirit of Public Interest*

Office of Financial Aid  
4200 Connecticut Avenue NW  
Building 38, Room 221  
Washington, D.C. 20008  
202-274-7337  
nawilliams@udc.edu

## Supplemental Information Form (Optional)

**Name** \_\_\_\_\_  
(please print clearly)

Complete this form and submit it to the UDC-DCSL Office of Financial Aid if you have special circumstances that may affect your eligibility for additional financial aid. Please provide documentation, such as canceled checks, receipts, etc. with this form.

### CHILD CARE EXPENSES

Child Care Cost/month \$ \_\_\_\_\_ Provider \_\_\_\_\_

### EXPENSES RELATED TO A DISABILITY

If you have expenses related to a disability, please include with this form a statement detailing them and supporting documentation.

### PROJECTED YEAR INCOME

If your projected year income will be substantially reduced, please list the amounts and sources of income you (and your spouse, if married) expect to receive during the academic year.

From Work (EXCEPT UDCSL work-study funds)

Approximate Amount \$ \_\_\_\_\_

Source(s) \_\_\_\_\_

From other sources (do not include UDC-DCSL Financial Aid)

Approximate Amount \$ \_\_\_\_\_

Source(s) \_\_\_\_\_

### OTHER PERTINENT INFORMATION

Please indicate below special circumstances that may affect your/your family's ability to contribute to your educational expenses. Attach a continuation sheet if necessary.

I hereby attest that the information I have provided above is true and correct, to the best of my knowledge.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_