

JOHNS HOPKINS BLOOMBERG SCHOOL OF PUBLIC HEALTH
Financial Aid Office
2024-2025 PUBLIC HEALTH GRANT APPLICATION FOR DOMESTIC STUDENTS

The school provides a limited number of need-based scholarships to eligible first-year, full-time master's students who demonstrate high levels of financial need. To apply:

1. Complete the 2024-2025 Free Application for Federal Student Aid (FAFSA). Be sure to enter the Johns Hopkins Bloomberg School of Public Health - Code E00234 so that we receive your FAFSA data.
2. Complete this Public Health Grant Application.
3. Applicants born on/after January 1, 2000, must provide parental data below to be considered for the Public Health Grant.

Assets: (As of the date of your FAFSA Filing)	Student and Spouse	Untaxed Income: (Not reported on FAFSA)	Student and Spouse
Value of savings and checking		2022 Payments to tax-deferred pensions and retirement savings plans	
Investment Value – include stocks, bonds, trust funds, real estate		2022 Child support received	
Business Net Worth		2022 Money received or paid on your behalf (e.g., bills, food, housing, cash)	

 Name (please print)

 SS# (last four digits)

Parent Name (please print): _____

1. **Parent 2022 Federal Adjusted Gross Income**
(include wages, business income, taxable interest/dividends, capital gains, etc) _____
2. **Income Earned From Work** _____
3. **Parent's 2022 Federal Income Tax Paid** _____
4. **Parent's 2022 Untaxed Income**
(include payments to tax-deferred pensions, IRA deduction and payments to qualified self-employed plans, child support received, tax-exempt interest, untaxed portions of IRA deductions and pensions, housing, food and other living allowances including cash received or paid on your behalf.) _____
5. **Parent Assets**
(include checking/savings, investments, stocks, bonds, trust funds, rental/vacation property, etc. as of today) _____
6. **Business Net Worth if applicable** _____
7. **Total Number Living in Household**
(include parents, the student and other dependent children) _____
8. **Number of Family Members who will enroll in college in 2024-2025**
(include the student and siblings, exclude parents) _____

Applications from students required but who fail to provide parental data will be considered incomplete.

I certify that the information provided on this form is true and accurate. I understand that any misrepresentation may be cause for denial or revocation of a scholarship award.

Johns Hopkins University does not discriminate on the basis of race, color, gender, religion, age, sexual orientation, national or ethnic origin, disability, marital status or veteran status in any student program or activity administered by the University, or with regard to admission or employment. Questions regarding Title VI, Title IX, and Section 504 should be referred to the Office of Institutional Equity, Garland Hall 130, Telephone: 410- 516-8075, (TTY): 410-516-6225.

Student Signature _____

Date _____

Parent Signature _____

Date _____

615 N. Wolfe Street, Suite E1002, Baltimore, MD 21205
 Phone 410-955-3004 FAX 410-367-2161
 Submit to: <https://support.sis.jhu.edu/case-home>