



Undergraduate Financial Aid

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**Student Health Plan Certification & Aid Request
2018–19 Academic Year**

Student Information

Name: _____ Class: _____

PUID: _____



I am requesting financial aid to help cover the cost of the University's Student Health Plan (SHP) because I am not insured under my family's health policy, or I am insured but my family's plan does not meet the comparable coverage requirement. I understand the aid will be applied toward the SHP charge on my student account, which is \$1800 for the 2018–19 academic year (\$900 per semester).

Signature: _____ Date: _____