



Princeton University Student Health Plan
Financial Aid Request and Student
Certification

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 2017-18 academic year (\$900 per semester.)

Student Printed Name _____

Student PUID _____ Class _____

Student Signature _____ Date _____

Undergraduate Financial Aid
Box 591, 220 Morrison Hall
Princeton, New Jersey 08542-0591
Financial Aid: T: 609-258-3330 E: faoffice@princeton.edu
F: 609-258-0336

SHP Certification Revised Nov. 2017