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