

## Student Information Sheet

Please type or handwrite this information, responding to all questions in numeric sequence. Make copies of your original to hand in with each application.

1. Name:
  
  
  
  
  
  
  
  
  
  
2. List the name(s) of colleges to which you have applied.
  
  
  
  
  
  
  
  
  
  
3. What is your intended major?
  
  
  
  
  
  
  
  
  
  
4. What are your anticipated annual college expenses and how have you contributed to help meet these expenses?
  
  
  
  
  
  
  
  
  
  
5. Are there any family or personal circumstances that you wish this committee to know about? If yes, describe them. (for example, illness, of a family member/ self, chronic medical conditions, physical disabilities, major family tragedies, divorce/family issues, other extenuating circumstances).









# Financial Information Sheet

(Please attach a copy of the financial aid award letter from the college you plan to attend)

## I. Applicant Name:

\_\_\_\_\_

College/university you will attend: \_\_\_\_\_

Intended major: \_\_\_\_\_

Do you plan to live: at home  on campus  off campus

## II. Financial Information

### A. College costs

1. Total tuition, room and board for college: \$ \_\_\_\_\_  
(excluding books & personal expenses)

### B. Resources

1. amount your family will contribute toward college expenses: \$ \_\_\_\_\_

2. Amount that you personally can contribute including summer and employment during school year: \$ \_\_\_\_\_

total resources \$ \_\_\_\_\_

### C. financial aid offered by college based on FAFSA will not apply for FAFSA

1. guaranteed grants/scholarship awards \$ \_\_\_\_\_

2. government student loans \$ \_\_\_\_\_

total college aid \$ \_\_\_\_\_

### D. family information

parent/guardian Name: \_\_\_\_\_

occupation: \_\_\_\_\_ Employer \_\_\_\_\_

parent/guardian Name: \_\_\_\_\_

occupation: \_\_\_\_\_ Employer \_\_\_\_\_

# of children living at home \_\_\_\_\_

# of family members enrolled in a degree program including applicant \_\_\_\_\_

### E. other scholarships

*Please list any other scholarships you are seeking or have been awarded*

Scholarship(s)	Amount	Granted	Pending
_____	\$ _____	<input type="radio"/>	<input type="radio"/>
_____	\$ _____	<input type="radio"/>	<input type="radio"/>
_____	\$ _____	<input type="radio"/>	<input type="radio"/>

F. \* EFC REPORT (ESTIMATED FAMILY CONTRIBUTION REPORT) FROM YOUR FAFSA.

\*Most students will not have this number by the March 1<sup>st</sup> deadline. By signing the attached sheet you agree to have your EFC Report to guidance NO LATER than April 2, 2016. PLEASE INCLUDE THIS FORM AND THE ATTACHED AGREEMENT WITH YOUR APPLICATIONS.

G. There are some scholarships available that are based solely on significant financial need. Do you feel like you should be considered for these need based scholarships?

H. Yes \_\_\_\_\_ No \_\_\_\_\_

I.

If you answered yes to the above question, please describe why you feel you should be considered for a need based scholarship. Please include a description of any extra family financial burdens or circumstances:

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I certify that all the information on this form and supporting documents are true and complete to the best of my knowledge. In signing this application, I agree that my name can be used in announcements regarding any scholarship I may be awarded.

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date