

**PARENTS' CONFIDENTIAL STATEMENT
IN SUPPORT OF APPLICATION FOR FINANCIAL AID FOR**

_____ from _____
(year) (name of scholarship)

► **PERSONAL**

- Name of applicant _____ SS# _____ - _____ - _____
- Address _____
- City, State, Zip _____
- Telephone _____
- Applicant attends (name of school) _____
and will graduate in June _____.
- Applicant has been accepted at _____
for a _____ year program preparing for a career in _____
- Applicant's academic average for high school to date is _____, ranking _____ in a class of _____.

► **FINANCIAL**

- | | |
|--|------------------------------------|
| • Estimated expenses to attend the college named | • Resources available during _____ |
| Tuition & Fees \$ _____ | From parents/guardians \$ _____ |
| Books & Supplies \$ _____ | From friends/relatives \$ _____ |
| Room & Board \$ _____ | From applicant's assets \$ _____ |
| Transportation \$ _____ | From other sources \$ _____ |
| Personal \$ _____ | (specify) \$ _____ |
| | \$ _____ |
| TOTAL \$ _____ | TOTAL \$ _____ |

- Net taxable family income falls within following range (check one):

_____ less than \$9,999	_____ \$10,000 - \$19,999	_____ \$20,000 - \$29,999
_____ \$30,000 - \$39,999	_____ \$40,000 - \$49,999	_____ above \$50,000
- There are _____ children in the family younger than applicant.
- Applicant has _____ brothers or sisters who will be in some type of advanced schooling next year.
- Father/Guardian's occupation _____
- Mother/Guardian's occupation _____

► **GENERAL**

Any special condition that might affect application not reflected above. If necessary, use back of application.

The Scholarship Committee does not discriminate against any candidate on the basis of race, creed, color, sex, age, national origin, handicap or veteran status, sexual orientation or other protected class per law.

Parent/Guardian's Signature

Parent/Guardian's Signature

Applicant's Signature

Date _____