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

	(year)	(name of scho	larship)	
PERSONAL				
Name of applicant				
• Address		this .		
• City, State, Zip				
- Teleuheme				
• Applicant attends (name of s				
	l graduate in June _	·		
for a year prog				
Applicant's academic average				
FINANCIAL	l the cellene manual	. D	annilable duning	
• Estimated expenses to attend Tuition & Fees \$			available during	
•		From friend	ts/guardians	\$
Books & Supplies \$ Room & Board \$				\$
		From other	cant's assets	\$
			sources	\$
Personal 5		(specify)		\$
TOTAL \$			TOTAL	\$ \$
• Net taxable family income fa	alls within following	g range (check one	):	
less than \$9,999		_ \$10,000 - \$19,9	99	\$20,000 - \$29,999
\$30,000 - \$39,99	99	_ \$40,000 - \$49,9	99	above \$50,000
• There are children in	the family younger	than applicant.		
• Applicant has brother • Father/Guardian's occupatio	n			
Mother/Guardian's occupation	on			
► 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	
			Applie	cant's Signature
			Date	