

Student Name: _____

(Please complete with Blue or Black Ink)

Scholarships Documentation

List the names and amounts of other scholarships you have received. Please include institutional scholarships and Bright Flight eligibility:

1. _____ \$ _____	4. _____ \$ _____
2. _____ \$ _____	5. _____ \$ _____
3. _____ \$ _____	6. _____ \$ _____

Financial Need Documentation

The following information is submitted for confidential use by the selection committees in determining financial need and should be provided by your parent or guardian. **Indicate your family's gross annual family income as reported on federal income tax forms:**

___ Less than \$25,000	___ \$60,000 to \$79,000	___ \$100,000 to \$149,000
___ \$25,000 to \$39,000	___ \$80,000 to \$99,000	___ \$150,000 plus
___ \$40,000 to 59,000		

List names and ages of dependents as reported on your parents' federal income tax forms:

_____	_____	_____
_____	_____	_____

List or describe any conditions causing family financial hardship:

By submitting this form and signing this documentation, you are agreeing to consent to provide your enrollment status, selected major, and contact information to the individual(s) or entity/entities funding any awarded scholarship you accept.

Signature of student

Signature of parent or guardian

(Signatures imply accuracy and honesty in reporting)