

## SUMMER PROGRAM FINANCIAL AID APPLICATION (page 1 of 2)

Student Information (Please Print)				
Name	Date of birt	Date of birth		
Address				
City		Zip	Home	
phone ()	Social Security #			
Which program have you applied for?				
<ul><li>High School Summer Program</li><li>Summer Bridge Experience</li></ul>	<ul><li>Summer College Readiness Program</li><li>Preparing Students for College Success</li></ul>			
Family Information (Please Print)				
Parent/Guardian #1 Name		Age		
Deceased? yes no				
Work phone ()Email				
Parent/Guardian #2 Name		Age		
Deceased? yes no				
Work phone ()Email addre	SS			
Separated or divorced? yes no Date of separa	ation//			
divorce				
Custodial Parent Information (Please provide in	formation as it pertains t	o you.)		
$\Box$ biological parent $\Box$ stepparent $\Box$ guardian	□biological parent	□ stepparent	: 🗆 guardian	
□other (explain:)	□other (explain:		)	
Name	Name			
Occupation/Employer	Occupation/Employ	yer		
Position	Position			
Years with current employer	Years with current	employer		
Does either parent receive a housing or living allowa	ance as a job benefit? □ y	ves □ no Value	: \$	
Does the family hold an interest in any farm or busing	ness? □ yes □ no			
If yes, complete the following: Is the farm or bus	iness the principle source	e of income?	□ yes □ no	
Name of farm or business	0,	% owned		

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□yes □ no If yes,	, please explain:		
Parent(s)/Guar			
•	•	dical insurance, and other deduction	, ·
•	Income and/or Assistance	0	\$
Parent(s)/Guardian(s) Assets and Debt		Current Value	Current Debt
Cash, Savings, and Checking accounts		\$	\$
Stocks, Bonds, CD's, and other securities		\$	\$
Money Market and Mutual funds		\$	\$
	Primary Home:	Other Real Estate	: Business/Farm:
Date of Purchase			
Purchase Price	\$	\$	\$
Current Value	\$	\$	\$
Current Debt	\$	\$	\$
Is the parent ben	eficiary of a trust? $\Box$ yes $\Box$ r	no Total value \$	
Student Assets		Curre	ent Value
	d Checking accounts		
Stocks, Bonds, and CD's			
	ficiary of any trust(s)? $\square$ yes $\square$	·	
Explanations/S	pecial Circumstances		
Use the space bel	ow or attach an additional pag	ge to explain any special circums	stances, unusual expenses,
or significant info	rmation that you feel is import	ant for the Financial Aid Office t	o know.

**ParentSignature** 

Date