**Date:**

**Name:**

**Parent or Guardian:**

**Parent or Guardian Address:**

**Father’s Occupation:**

**Mother’s Occupation:**

**Financial Need: Please indicate the figure that best describes the family’s adjusted gross income.  
  
\_\_\_\_ Under $40,000 \_\_\_\_$40,000-$50,000 \_\_\_\_$50,000-$60,000  
  
\_\_\_\_$60,000-$70,000 \_\_\_\_$70,000-$80,000 \_\_\_\_over $80,000**

**Total number of family members living at home   
(total number of dependants in your family including yourself):   
  
Children’s names and ages:**

**Total number of children currently attending college:**

**College you plan to attend:**

**Location:**

**Have you applied? Have you been accepted?**

**Have you submitted the Free Application for Federal Student Aid?**

|  |  |
| --- | --- |
| **Estimated Annual Expenses:** | |
| **Tuition and Fees:** |  |
| **Room and Board:** |  |
| **Books and Supplies:** |  |
| **Misc. Expenses (please list)** |  |
| **TOTAL Estimated Expenses:** |  |

|  |  |  |
| --- | --- | --- |
| **Financial Aid** | **Value** | **Has it been granted?** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**Estimated Resources:  
(Scholarships, Awards,   
Financial Aid, Veterans  
Benefits, etc.)**

**Are you employed? If so, where?**

**Describe any work related activities that you perform regularly:**

**Briefly list school activities, clubs, or organizations (list number of years and any offices held):**

**Honors and Awards:**

**Community Service Performed:**

**Briefly state your intended college major or area of study and your educational and career plans.**

**Are there any scholarships you do NOT wish to be considered for, or any groups you do NOT authorize to view this application?**

**By my signature, I authorize the Slater School District to release necessary information and the confidential use of my school records to the respective scholarship committees making selections for the scholarships for which I am applying.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_  
Student Signature Parent/Guardian Signature Date**