

Confidential Financial Aid Request Form

Summer College has limited funds available to assist families that cannot meet the cost of the program. **Aid is awarded on the combined basis of need and academic achievement.** Please note that financial aid is not available to international students. Parents and guardians are asked to complete the form honestly and accurately. For financial aid to be considered, tax forms must be returned for each working parent, step-parent, or guardian. All information will be confidential and will not be considered in determining admission to the Summer College program. **This application, along with the required documents, must be postmarked by May 1, 2012.**

A completed Summer College Application must be received prior to or in conjunction with this request by May 1, 2012.

- Required documents:**
1. A signed photocopy of the parents' or guardians' complete 2011 federal tax form (1040 or 1040A, not Form 8453), including all W2 forms and schedules. This copy must be the one sent to the IRS, not a separate version or the one sheet summary form that many tax software programs print out. Disabled parents must send a copy of Form SSA-1099.
 2. A signed copy of the applicant's complete 2011 federal tax form (if one was filed), including W2 forms and schedules.

Applicant Information

Applicant's Name _____

Social Security Number _____

Check each box that applies to the applicant's family situation:

- Parents married Father deceased Parents separated* Other _____
 Single-parent household Mother deceased Parents divorced*

*Custodial parent:

Name (include prefix and suffix) _____ Address _____ Phone _____

*Non-custodial parent:

Name (include prefix and suffix) _____ Address _____ Phone _____

Please ask the non-custodial parent to complete and return a separate financial application if he/she provides any support to the student.

Mother or Guardian

Father or Guardian

Name (include prefix & suffix) (if deceased, give date) _____

Name (include prefix & suffix) (if deceased, give date) _____

Address _____

Address _____

City _____ State _____ Zip _____

City _____ State _____ Zip _____

Employer or Company of Mother _____

Employer or Company of Father _____

Employer's Address _____

Employer's Address _____

City, State, Zip _____

City, State, Zip _____

Occupation/Title _____

Occupation/Title _____

Dependents

1.	Name	Age	Relationship	School and Grade Level	Annual Tuition Paid
2.	Name	Age	Relationship	School and Grade Level	Annual Tuition Paid
3.	Name	Age	Relationship	School and Grade Level	Annual Tuition Paid
4.	Name	Age	Relationship	School and Grade Level	Annual Tuition Paid

Income

Please list all sources of income, including salary and wages for each family member, social security benefits, veteran’s benefits, Aid to Families with Dependent Children, unemployment income, investment income, child support payments, etc.

Income Source	2011 Total	Estimated 2012 Total
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please give us a realistic and accurate amount that you can pay toward the UD Summer College Program Fee (If this is left blank, we are unable to consider the applicant for any aid, even if s/he meets aid criteria):

\$ _____

Please note the amount of financial aid requested for the UD Summer College program:

\$ _____

Please use this space to explain family needs, nature of nontaxable income, or unusual circumstances that you feel may be relevant to your financial aid request:

Certification

We/I declare that the above information is true, correct, and complete.

 Signature of Parent or Guardian

 Date

 Signature of Parent or Guardian

 Date

Return this form, along with the required attachments noted above, postmarked by May 1, 2012.