**Dare County Local Scholarships**

**STATEMENT OF FINANCIAL NEED**

Applicant’s Name:

Father/Guardian’s Gross Annual Income for the last tax year:

Mother/Guardian’s Gross Annual Income for the last tax year:

Total:

Names and ages of other children in family:

Number of people dependent on this income:

Number of dependents (excluding applicant) enrolled in higher education for the upcoming academic year:

Please explain any special financial conditions, such as medical costs, etc.:

List student scholarships, loans, etc. (any amounts), already awarded the applicant for the upcoming academic year and indicate if any are pending:

SUMMARY FOR THE NEXT ACADEMIC YEAR

 Estimated cost of my education Estimated financial support of my education

 for the next academic year: for the next academic year:

Tuition: Funds supplied by

Housing & Parents/Guardian:

Meals: Student’s savings/earnings, including

Books & Fees: anticipated summer earnings:

Clothing & Other scholars, grants, etc.:

Transportation: Other sources:

Personal Expenses:

Other Expenses:

TOTAL: TOTAL:

Difference between total estimated costs and total estimated available funds:

*The information given on this form is, to the best of my knowledge, a true and accurate reflection of my financial situation.*

*Applicant’s signature (initial): Date:*

*Parent/Guardian’s signature (initial): Date:*