

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
for the next academic year:

Estimated financial support of my education
for the next academic year:

Tuition:

Housing &

Meals:

Books & Fees:

Clothing &

Transportation:

Funds supplied by

Parents/Guardian:

Student's savings/earnings, including
anticipated summer earnings:

Other scholars, grants, etc.:

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: