

# Summer Field Studies

## TUITION ASSISTANCE APPLICATION

*The information on this form is confidential and will be used solely by the Tuition Assistance Committee for the purpose of determining eligibility for financial assistance. Applications will be reviewed on a first-come-first serve basis. These funds are limited; please apply as early as possible. Once we receive this information we will assess the need and contact you with further instructions.*

**Please complete and return to:** Summer Field Studies, College of the Atlantic  
105 Eden Street, Bar Harbor, ME 04609

Name(s) of Participant(s): \_\_\_\_\_

Intended session(s): \_\_\_\_\_

Name of Person Responsible for Paying Tuition: \_\_\_\_\_

Occupation(s): \_\_\_\_\_

Home address: \_\_\_\_\_

Day Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Check if appropriate: [ ] Father deceased [ ] Mother deceased [ ] Parents divorced [ ] Parents separated

### **HOUSEHOLD INCOME (Please refer to most recent year's federal tax information)**

Household size \_\_\_\_\_ (Include participant, parents and other children if they are supported by you)

**Adjusted Gross Income:** \$ \_\_\_\_\_

Most Recent Income Tax Paid: \$ \_\_\_\_\_

Most Recent Earned Income Credit: \$ \_\_\_\_\_

### **Most Recent Untaxed Income:**

\$ \_\_\_\_\_ Child Support

\$ \_\_\_\_\_ AFDC

\$ \_\_\_\_\_ Social Security Benefits

\$ \_\_\_\_\_ Workers Compensation

\$ \_\_\_\_\_ Housing, food, and other living allowances paid to members of clergy, military, and others  
(Please include cash payments and cash value of benefits)

\$ \_\_\_\_\_ Money paid on your behalf, not reported elsewhere on this form

### **HOUSEHOLD INFORMATION**

**Savings and Investments:** (i.e. checking and savings account, certificates of deposits, IRA's, etc.):

Total value: \$ \_\_\_\_\_

Real Estate Investments: (Do not include primary residence)

Total value of real estate investment: \$ \_\_\_\_\_ Remaining balance on investment \$ \_\_\_\_\_

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## **MONTHLY EXPENSES**

Rent or Mortgage	\$ _____
Mortgage Loan Balance	\$ _____
Utilities	\$ _____
Living (food, gas, clothing, etc.)	\$ _____
Health Insurance	\$ _____
Insurance (Auto/Life/Property)	\$ _____
Alimony/Child Support	\$ _____
Child Care	\$ _____
Other: _____	\$ _____
Other: _____	\$ _____
Other: _____	\$ _____
Total Monthly Expenses:	\$ _____

## **ADDITIONAL INFORMATION**

Use this page to explain if your current income differs significantly from the figures reported on page one. You may also take this opportunity to provide information regarding any unusual or extraordinary expenses, or circumstances that make assistance necessary.

By signing below, I certify that all the information submitted is true. I understand that any incorrect, incompatible or false information that I provide, or someone else provides for me, could cancel my application for financial assistance.

I understand that SFS scholarship awards vary annually due to the amounts of yearly donations, and that awards range between 10% and 50% of total program fees. If I receive a financial assistance scholarship, I agree to notify SFS of my enrollment decision within 7 days of obtaining my award announcement. If I neglect to withdraw my program application within 7 days, I understand that I will not be eligible for a refund of any deposit or registration payments I have made.

**Applicant Signature** \_\_\_\_\_ **Date** \_\_\_\_\_