

SUMMER FIELD STUDIES 2019 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

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Name(s) of Participant(s): _____

Intended session(s): _____

Name of Person Responsible for Paying the Bill: _____

Occupation(s): _____

Home address: _____

Day Phone: _____ Evening Phone: _____

Email Address _____

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

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HOUSEHOLD INCOME (Please refer to 2018 federal tax information)

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

Adjusted Gross Income: \$ _____

2018 Income Tax Paid \$ _____

2018 Earned Income Credit \$ _____

2018 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 \$ _____

Other Investments: (i.e. stocks, bonds, mutual funds, etc.)

Total value of other investments: \$ _____

Automobile(s) and Recreational Vehicles:

Total value of vehicles: \$ _____ (Make/Model: _____ Make/Model: _____)

[Continue to next page.]

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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 75% 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** _____