



Application and Statement of Financial Need Harrisburg School District Professional Program

A. Identifying Information

Name: _____
Last First Middle

Address: _____
Street City State Zip Code

Telephone: _____ E-mail: _____ SS# _____

Age: _____ Birth Date: _____ Birthplace: _____
Mo/Day/Yr City/State

B. Family Information

Marital Status: _____ Number of Dependents _____

Spouses Name: _____
Last First Middle

Occupation: _____ Employer: _____

Name(s)	Age(s)	Grade(s)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please explain any situation not included above (ex. Parent living with family)

C. References

It is your responsibility to contact three references and request that they prepare and mail letters of recommendation to be received by the Foundation no later than May 30th.

1. Name: _____ Relationship: _____
City: _____ State: _____ Zip: _____
2. Name: _____ Relationship: _____
City: _____ State: _____ Zip: _____
3. Name: _____ Relationship: _____
City: _____ State: _____ Zip: _____

List two credit references:

1. _____
2. _____

D. Statement of Need

Reason(s) for requesting financial assistance: _____

E. Statement of Financial Need

Name of Institution: _____
Address _____
Street City State Zip Code

Year for which assistance is requested: _____ Expected Graduation year: _____

EXPENSES (yearly)

Tuition _____
Living Expenses _____
Debts and obligations _____

TOTAL Expenses _____

RESOURCES (yearly)

Income (Joint) _____
Assets _____
Other Sources _____

TOTAL Resources _____

FINANCIAL NEED (difference between expenses and resources)

TOTAL Expenses	_____
TOTAL Resources	_____
TOTAL NEEDED	_____

What other financial aid have you applied for? Please describe briefly.

A copy of the Applicant's most recently filed 1040 form with all schedules attached must accompany this application.

F. Statement of Intent

I assure the committee that, following completion of the studies for which assistance is requested, I will return to the staff of the Harrisburg School District and continue to teach there for a period of not less than two years.

I certify that the above information is true and complete to the best of my knowledge, information and belief.

Signature: _____ Date: _____

**Applications and other correspondence should be sent to:
Samuel L. Abrams Foundation ♦P.O. Box 3053♦Harrisburg, PA 17105-3053**