SAMUEL L. ABRAMS FOUNDATION

Application and Statement of Financial Need

Student 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

Father's Name: _____
(or Guardian's) Last First Middle

Social Security #: _____

Address: _____
Street City State Zip Code

Occupation: _____ Employer: _____ Annual Income: _____

Mother's Name: _____
(or Guardian's) Last First Middle

Social Security #: _____

Address: _____
Street City State Zip Code

Occupation: _____ Employer: _____ Annual Income: _____

Family Dependents Not Listed Above:

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

C. Additional Information

On a separate sheet attached to this application, please provide information on any extenuating circumstances that may not be apparent from the other information provided (e.g. family illness, job loss, etc.)

D. Statement of Financial Need

Name of Institution: _____

Address: _____
Street City State Zip Code

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

Course of Study: _____

ESTIMATED EXPENSES (yearly)

Tuition	_____
Books and Supplies	_____
Room and Board	_____
Fees (health, lab)	_____
Other Miscellaneous Expenses	_____
TOTAL	_____

ESTIMATED RESOURCES (yearly)

Parent's contribution	_____
Other contributions	_____
Savings	_____
Other scholarship aid	_____
Other loan(s)	_____
Part-time work during school year	_____
TOTAL	_____

ESTIMATED FINANCIAL NEED (difference between expenses and resources)

TOTAL Expenses	_____
TOTAL Resources	_____
TOTAL NEEDED	_____

Have you applied for or received any other scholarships or financial aid? ☐ Yes ☐ No
If yes, please list below:

Applied to: _____ Date: _____

_____ _____

_____ _____

Have you received notification or acceptance? ☐ Yes ☐ No If yes, please specify:

_____

***This page to be completed by first time applicants only.**

E. Personal Information

High School Attended: _____ Principal: _____

Address _____ Counselor _____

Course of Study: _____ Graduation Date: _____

Special interests and talents: _____

Activities: _____

Employment History: _____

Have you ever been arrested or appeared before juvenile authorities? ☐ Yes ☐ No

If yes, please explain _____

Marital Status: _____

Are you currently employed? ☐ Yes ☐ No If yes, by whom? _____

How many hours per week? _____ Hourly wage _____

Or Annual Income _____

F. References

Please list below three references, two of which must be former teachers or professors. You must contact these three references and request that they prepare and mail letters of recommendation to 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: _____

G. Reason(s) for requesting financial assistance

(Attach sheet if additional space is required)

H. Additional Requirements

1. Applications and all available supporting information must be submitted **no later than May 30th**. Required information not available by May 30th should be submitted as soon as it becomes available. Approved financial assistance will not be distributed until all required information has been submitted.

2. A copy of the applicant's most recent IRS Form 1040 (federal income tax return) must be submitted with this application. Each person applying for assistance for an undergraduate program must submit a copy of his or her parent's or guardian's 1040 as well.

3. The statement of Financial Need on this application should represent the applicant's best estimate of expenses and resources. In addition, each applicant must provide a statement from his or her school showing both the costs of attending (tuition, room, board, books, etc.) and expected or available financial aid for at least the first semester of the coming academic year.

4. Each applicant must provide a final certified transcript of his or her grades through the end of the current academic year.

5. Applicants enrolled in an undergraduate program are required to have a parent, guardian or other financially responsible adult co-sign both their application and loan agreement.

I. Statement of Intent

I/We understand and acknowledge that if granted, the loan for which I/We are applying must be repaid in accordance with the terms of the loan agreement that I/We will be required to sign.

I/We authorize the Foundation or its representatives to make inquiries concerning any statement that I/We have made on or in connection with this application, and that the recipient of such inquiry should treat same as though I/We had made the request myself/ourselves

I/We hereby authorize the Foundation or its representatives to contact my school and request any information regarding my academic standing, or any other information that is deemed necessary, and that the school is hereby authorized to treat such request as though I/We had made the request myself/ourselves.

I/We hereby assure the Foundation that it is my (applicant's) intent that I will remain in school and complete the academic program for which this loan is requested. Further, I/We understand and acknowledge that the terms of the loan agreement that I/We will be required to sign provides that if I withdraw from the program, the loan for which I/We are applying will immediately become due and payable in full.

Applicant's Signature: _____ Date: _____

Co-Signer's Signature: _____ Date: _____

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