



Application and Statement of Financial Need Student Program

A. Identifying Information

Name: _____
Last First Middle

Address: _____
Street City State Zip Code

Telephone: _____ Email: _____ SS# _____

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

B. Family Information

Father/Guardian: _____
Last First Middle

Relationship: Father Stepfather Brother Sister Mother Stepmother
 Other (please specify): _____ Social Security #: _____

Address: _____
Street City State Zip Code

Occupation: _____ Employer: _____ Annual Income: _____

Mother/Guardian: _____
Last First Middle

Relationship: Mother Stepmother Other (please specify): _____

Social Security #: _____

Address: _____
Street City State Zip Code

Occupation: _____ Employer: _____ Annual Income: _____

Family Dependents Not Listed Above:

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

Other Financial Aid

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

Date Applied	Source of Funds	Aid Type						Amount
		Government Grant or Scholarship	School Grant or Scholarship	Private Grant or Scholarship	Government Subsidized Loan	Government Unsubsidized Loan	Work Study	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Have you received notification or acceptance? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please specify:								

		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Have you received notification or acceptance? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please specify:								

		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Have you received notification or acceptance? <input type="checkbox"/> Yes <input type="checkbox"/> 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: _____

H. Additional Requirements

Applications and all available supporting information must be submitted no later than May 30th. Documents may be emailed to the Foundation in PDF format. 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.

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.

Following is a detailed description and checklist of the required supporting documentation.

1. A copy of parents' or guardian's most recent IRS Form 1040 (Federal Income Tax Return). This applies only to applicants applying to an undergraduate program. **Note that state and local tax returns should not be provided.**

Checklist:



IRS Form 1040: Father/Guardian:

IRS Form 1040: Mother/Guardian:

2. A copy of the applicant's most recent IRS 1040 (Federal Income Tax Return). **Note that state and local tax returns should not be provided.**

Checklist:



IRS 1040: Applicant:

3. A copy of the applicant's tuition bill that includes both the costs of attending (tuition, room and board) and expected or available financial aid for at least the first semester of the **upcoming** academic year. This statement may not be available when the application and other required information is submitted. It may be submitted when it becomes available. Note that generic information provided by the academic institution is not acceptable.

Checklist:



Expense Statement:

4. A final certified transcript of the applicant's grades through the end **of the most recently completed academic year.**

Checklist:



Final Certified Transcript:

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 mailed to:
Samuel L. Abrams Foundation ♦P.O. Box 3053♦Harrisburg, PA 17105-3053**

OR

**Emailed to: support@slabramsfoundation.org
Web site: <http://www.slabramsfoundation.org>**