

STATEMENT OF FINANCIAL NEED

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This form is optional. The Foundation scholarships are not awarded solely on financial need, however preferential consideration may be given to those demonstrating financial need based on the information requested on this form.

FAMILY INFORMATION

Father's employer: _____
Position _____

Mother's employer: _____
Position _____

Age of siblings: _____ Number of siblings in college: _____

COLLEGE/UNIVERSITY FINANCIAL INFORMATION

College/university planning to attend: _____

1. Estimated expenses for one year:

Tuition: \$ _____

Books & Fees: \$ _____

TOTAL Tuition, Books & Fees (1) \$ _____

FAFSA INFORMATION

Complete the [FAFSA4caster form](#) and attach a copy of your completed FAFSA4caster form.

2. Estimated expected family contribution: (2) \$ _____

ANTICIPATED UNMET NEED

3. Anticipated unmet need: Subtract (2) from (1): (3) \$ _____

SCHOLARSHIP APPLICATIONS

Please list the names and amounts of other scholarship for which you have applied:

Name _____ Awarded? Y N Pending | Amount: \$ _____

Name _____ Awarded? Y N Pending | Amount: \$ _____

Name _____ Awarded? Y N Pending | Amount: \$ _____

Name _____ Awarded? Y N Pending | Amount: \$ _____

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I have been awarded a Foundation Fund, Carter, HHHWG, or Clore Scholarship in the past:

*Applicants may only be awarded up to 4 awards for the Carter, HHHWG, and Foundation Fund Scholarships.

Scholarship	Year	Amount

OTHER INFORMATION

Are there special financial circumstances the Committee should consider? You may use a separate sheet to explain if necessary.