

**ILLINOIS STATE SCHOLARSHIP FINANCIAL NEED FORM**  
**Confidential**

Completion of this entire form is Required with all Illinois DAR Scholarship Applications

Father or Guardian

Mother

Name \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Phone \_\_\_\_\_

\_\_\_\_\_ Phone \_\_\_\_\_

Employer \_\_\_\_\_

Employer \_\_\_\_\_

Position \_\_\_\_\_

Position \_\_\_\_\_

Years employed \_\_\_\_\_

Years employed \_\_\_\_\_

Annual income \_\_\_\_\_

Annual income \_\_\_\_\_

Other sources of income \_\_\_\_\_

Other sources of income \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Financial obligations each year (a **separate sheet of paper** may be used to list these)

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List All Dependents by name, age and current school status: \_\_\_\_\_

\_\_\_\_\_

Parents must prepare a **separate statement** summarizing the family's resources and obligations to illustrate the applicant's need for financial assistance.

\* \* \*

Applicant's college financing plans: Name of school you plan to attend \_\_\_\_\_

Estimated **annual** costs at that school: Tuition \_\_\_\_\_ Room and board \_\_\_\_\_

Books and fees \_\_\_\_\_ Other costs (specify) \_\_\_\_\_

Total estimated annual cost of college \_\_\_\_\_

What will the applicant contribute towards these costs? \_\_\_\_\_

From what sources? \_\_\_\_\_

**We attest that all information in this application, financial need form and separate list of obligations and family financial summary are true and correct.**

Date: \_\_\_\_\_

Signature of Father/Guardian \_\_\_\_\_

Signature of Mother \_\_\_\_\_

Signature of Applicant \_\_\_\_\_