

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 _____