ILLINOIS STATE SCHOLARSHIP FINANCIAL NEED FORM

Confidential

Completion of this entire form is required with Illinois DAR General Scholarship Applications

| Father/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 |
| Parents must prepare a separate statement suillustrate the applicant's need for financial ass | ummarizing the family's resources and obligations to sistance. |
| Applicant's college financing plans. Name of school you plan to | *** |
| | attend Room and board |
| | er costs (specify) |
| Total estimated annual cost of college | |
| | |
| | |
| | ed form and separate list of obligations and family financial summary |
| Date: | |
| Signature of Father/Guardian | |
| Signature of Mother | |
| Signature of Applicant | |