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_____
_____	_____

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

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_____