

Summer PreCollegeProgram FINANCIAL AID REQUEST FORM - 2020

Student's nam	e		
(please print)	Last	First	Middle
Student's socia	al Security number		
daughter to at the Summer Pi very limited. F	tend the Summer Coll ano Institute, or the Ith 'inancial aid awards an	to provide information to help us evaluate the need for fir ege for High School Students, the PreCollege STEM Institute naca Young Writers Institute. Because these are optional su re always partial scholarships. Full scholarships are not pr financial aid when they apply to a four-year college progra	e, the Summer Theatre Intensive, ammer programs, financial aid is rovided. Our goal is to help those
Please print th	nis form and send it via	email to to summercollege@ithaca.edu or fax to: 866-924-62	72.
		nswer is zero. Don't leave them blank. Put "N/A" if not appeturn when available. Please estimate if these numbers are	
Mother's/Step Parents' other dividend incoi	omother's 2018 income 2018 taxable income (me, pensions, annuitie	rom work (i.e. wages, salaries, tips, etc.)e from work (i.e. wages, salaries, tips, etc.)(i.e. alimony received, business and farm income, capital gases, rents, unemployment compensation, etc.)	\$ ains, interest, \$
		e. social security benefits, earned income credit, IRA/KEO	
		k-exempt interest, Workers Compensation, AFDC benefits,	
Student's 2019	income		\$
Student's estin	nated 2020 income (Jan	1 - June 1)	\$
What do you b	elieve is a reasonable	amount that your family can contribute toward tuition, ro	oom, board .\$
To which sum	mer program are you a	applying?	
assistusinmak Note: Merit-ba the regular aca	kingadecision. We ma ased aid is not availab ademic year.	lease explain why you are requesting need-basedaidandany y request copies of 2018 and/or 2019 tax returns be submitt le during the summer, although it is available to qualified l provided is accurate to the best of my (our) knowledge.	ted to support this application.
Signature of	parent or guardian		Date
Signature of	f parent or guardian		Date

Please explain why you are requesting need-based aid and any special circumstances that might assist us in making a decision			

Upload to Campminder or E-mail as a scanned PDF to: Summer College applicants: summercollege@ithaca.edu

Or return by fax to 866-924-6272

PLEASE REMEMBER TO INCLUDE YOUR FIRST AND LAST NAME ON EACH PAGE OF YOUR CORRESPONDENCE.

Please contact the Office of Extended Studies with questions at 607-274-3143 or email summercollege@ithaca.edu