



Summer Precollege Programs
2021 FINANCIAL AID REQUEST FORM

Student's name (please print) Last First Middle

Aid is requested for the following precollege program:

This form gives you the opportunity to provide information to help us evaluate the need for financial assistance for your son/daughter to attend an Ithaca College Summer Precollege Program. Because this is an optional summer program, financial aid is very limited. Financial aid awards are partial scholarships. Our goal is to help those students most likely to be receiving financial aid when they apply to a four-year college program.

Please fax form to: 866-924-6272 or email it to summercollege@ithaca.edu.

Complete numbers 1-8, even if the answer is zero. Don't leave them blank. Put "N/A" if not applicable. Please use information from your most recent income tax return when available. Please estimate if these numbers are not yet available.

Father's/Stepfather's 2019 income from work (i.e. wages, salaries, tips, etc.) .....\$
Mother's/Stepmother's 2019 income from work (i.e. wages, salaries, tips, etc.).....\$
Parents' other 2019 taxable income (i.e. alimony received, business and farm income, capital gains, interest, dividend income, pensions, annuities, rents, unemployment compensation, etc.).....\$
Total taxable income (sum of 1-3) .....\$
Parents' 2019 non-taxable income (i.e. social security benefits, earned income credit, IRA/KEOGH contributions, untaxed pensions, tax-exempt interest, Workers Compensation, AFDC benefits, etc.).....\$
Student's 2019 income .....\$

What do you believe is a reasonable amount that your family can contribute toward tuition, room, board .\$. \$

On page two of this form, please explain why you are requesting need-based aid and any special circumstances that might assist us in making a decision. We may request copies of tax returns be submitted to support this application. Note: Merit-based aid is not available during the summer, although it is available to qualified Ithaca College students during the regular academic year.

I (we) certify that the information provided is accurate to the best of my (our) knowledge.

Signature of parent or guardian

Date

Signature of parent or guardian

Date

E-mail as a scanned PDF to 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.

