

**Summer Precollege Programs**

**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 child 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 2021 income from work (i.e. wages, salaries, tips, etc.) $

Mother’s/Stepmother’s 2021 income from work (i.e. wages, salaries, tips, etc.) $

Parents’ other 2021 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’ 2021 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 2021 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.*

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