

Confidential Financial Aid Request

Summer College has limited funds available to assist families that cannot meet the cost of the program. Aid is awarded on the combined basis of need and academic achievement. Please note that financial aid is not available to international students. Parents and guardians are asked to complete the form honestly and accurately. All information will be confidential and will not be considered in determining admission to the Summer College program. This application and the required attachments **must be postmarked by May 1, 2009.**

Required attachments:

1. A signed photocopy of the parents' or guardians' complete 2008 federal tax form (1040 or 1040A, not Form 8453), including all W2 forms and schedules. This copy must be the one sent to the IRS, not a separate version or the one sheet summary form that many tax software programs print out. Disabled parents must send a copy of Form SSA-1099.
2. A signed copy of the applicant's complete 2008 federal tax form (if one was filed), including W2 forms and schedules.

Please note that for this request to be considered, tax forms must be returned for each working parent, stepparent, or guardian.

PLEASE PRINT OR TYPE.

Applicant's Name

Social Security Number

Check each box that applies to the applicant's family situation.

- | | | | |
|--|--|---|--------------------------------------|
| <input type="checkbox"/> Parents married | <input type="checkbox"/> Father deceased | <input type="checkbox"/> Parents separated* | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Single-parent household | <input type="checkbox"/> Mother deceased | <input type="checkbox"/> Parents divorced* | _____ |

***Custodial parent:**

_____ Name (include prefix and suffix)	_____ Address	_____ Phone
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***Non-custodial parent:**

_____ Name (include prefix and suffix)	_____ Address	_____ Phone
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Please ask the non-custodial parent to complete and return a separate financial application if he/she provides any support to the student.

Mother or Guardian

Father or Guardian

Name (include prefix & suffix)(if deceased, give date)

Name (include prefix & suffix)(if deceased, give date)

Address

Address

City State Zip

City State Zip

Employer or Company of Mother

Employer or Company of Father

Employer's Address

Employer's Address

City State Zip

City State Zip

Occupation or Title

Occupation or Title

Dependents

1.	<i>Name</i>	<i>Age</i>	<i>Relationship</i>	<i>School and Grade Level</i>	<i>Annual Tuition Paid</i>
2.	<i>Name</i>	<i>Age</i>	<i>Relationship</i>	<i>School and Grade Level</i>	<i>Annual Tuition Paid</i>
3.	<i>Name</i>	<i>Age</i>	<i>Relationship</i>	<i>School and Grade Level</i>	<i>Annual Tuition Paid</i>
4.	<i>Name</i>	<i>Age</i>	<i>Relationship</i>	<i>School and Grade Level</i>	<i>Annual Tuition Paid</i>

Income:

Please list all sources of income, including salary and wages for each family member, social security benefits, veteran's benefits, Aid to Families with Dependent Children, unemployment income, investment income, child support payments, etc.

Income Source	2008 Total	Estimated 2009 Total
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please give us a realistic and accurate amount that you can pay toward the UD Summer College Program Fee (If this is left blank, we are unable to consider the applicant for any aid, even if s/he meets aid criteria): \$ _____

Please note the amount of financial aid requested for the UD Summer College program: \$ _____

Please use this space to explain family needs, nature of nontaxable income, or unusual circumstances that you feel may be relevant to your financial aid request:

Certification:

We/I declare that the above information is true, correct, and complete.

Signature of Parent or Guardian

Date

Signature of Parent or Guardian

Date

**Please return this form, along with the required attachments
noted above, postmarked by May 1, 2009, to:**

**UD Summer College
University Honors Program
207 A Elliott Hall
University of Delaware
Newark, DE 19716-1256**

A financial aid decision will be mailed to the applicant on or before May 15, 2009.

Please remember that a complete Summer College Application must be received prior to or
in conjunction with this request by the May 1, 2009 deadline.*

*A complete Summer College Application consists of the following documents:

- Summer College Application (Form A – All pages including essays)
- Summer College Recommendations (Form B – Two recommendations are required for juniors and three are required for sophomores)
- Complete high school transcript including current year's grades to date
- PSAT/SAT scores
- Registration Form
- "How You Learned About Summer College" sheet
- \$50 Application Fee