



**DOUGLASS SCIENCE INSTITUTE
PROGRAM SERIES 2008
FINANCIAL ASSISTANCE FORM**

This application will serve as the basis for the Douglass Project to consider you for financial assistance to cover all or part of the DSI program fee. If you would like to be considered for assistance, please complete the form below and return to:

Douglass Project, Rutgers University, 50 Bishop St., New Brunswick, NJ 08901-8558.

Form must be received **by March 7, 2008.**

Please complete this form if the program fee will prevent you from participating in the program. Assistance is limited and based on funds available.

Student's Name: _____
Last First MI

Home Address: _____
Street City Zip

Father's Occupation: _____ Employer: _____

Mother's Occupation: _____ Employer: _____

Guardian's Occupation: _____ Employer: _____

If either parent/guardian is self-employed, please explain the nature of the business:

Total number of dependents on your most recent federal income tax return: _____

Number of dependents who are minor children: _____

Number of dependents who are enrolled in an institute of higher education: _____

Number of other dependents: _____

Total household income where student is residing: _____

Total child support received for student from outside household where student is residing: _____

Parents' Marital Status: _____ Married _____ Single
_____ Separated _____ Divorced _____ Widowed

Although paying the entire fee is a hardship, we are able to contribute part of the fee in the amount of \$_____.

I declare that the information reported above is true and complete.

Parent/Guardian Signature

Date

I do not believe I will need assistance, but will accept it if offered _____
Parent/Guardian Signature

If you have additional information you would like to provide, please submit it along with this form.
Select information from this form may be shared with funders