



# South Bend Alumni Association Scholarship Financial Need Form

215 S. Dr. Martin Luther King Jr. Blvd. South Bend, IN 46601  
(574) 393-6004 (574) 283-8037 (fax)

## Applicant Information

Name: \_\_\_\_\_ High School: \_\_\_\_\_

## Family Information

Name of father/stepfather/guardian: \_\_\_\_\_

Full Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Name of mother/stepmother/guardian: \_\_\_\_\_

Full Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

## Financial Information

The following must be completed by the parent/guardian.

Family Gross Annual Income: \$ \_\_\_\_\_ Net Taxable Income: \$ \_\_\_\_\_

Names of other family members who will be in college during the next four years and the estimated dollar amount to be contributed by the family toward their education:

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Please list below any unusual circumstances (including dollar amounts) which will impact the family's financial resources during the next four years. This might include extraordinarily high medical or dental expenses, change in income, etc.

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Printed Name of Parent/Guardian \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_