



2017 PRE-COLLEGE FINANCIAL AID APPLICATION

EMORY UNIVERSITY
PRE-COLLEGE PROGRAM
550 ASBURY CIRCLE
CANDLER LIBRARY SUITE 200
ATLANTA, GA 30322
FAX: 404-727-6724

Awards provide partial assistance only. Financial aid is limited and intended to assist students who may not otherwise be able to attend the Pre-College Program. All admission and financial materials must be complete and received by, April 15, 2017 to be considered for a scholarship award. Financial Aid applications received after April 15 will be considered if funds are available.

- 1) You must have submitted admission application/materials/application fee.
2) Complete this financial aid application in its entirety.
3) Attach copy of signed 2016 parent(s) federal income tax return(s) to this application.
4) April 15, 2017. Financial aid application and tax return priority deadline. (Financial Aid applications received after April 15 will be considered if funds are available)
5) You must respond to your financial aid award notification within two weeks of receipt.

Student/Applicant Information:

Name: \_\_\_\_\_
Address: \_\_\_\_\_
City State Zip Phone
Student or parent email to use for award notification: \_\_\_\_\_

Citizenship status (check one): [ ] U.S. Citizen [ ] Permanent Resident [ ] Neither Citizen or Permanent Resident
(International/non-US citizens are not eligible)

Parent Information:

Parent(s) highest level of education (check one): [ ] Elem. School [ ] High School [ ] College (undergrad) [ ] College (graduate/Ph.D.)
Parents' marital status: [ ] Single [ ] Married [ ] Separated [ ] Divorced [ ] Widowed [ ] Domestic Partnership

Mother's Occupation: \_\_\_\_\_ Father's Occupation: \_\_\_\_\_

Household Information:

Please list all household members in household who were supported by your parent(s) in 2016. Include student, parent(s), sibling(s) and others, if applicable.

Table with 4 columns: Name, Relationship to applicant, Age, Name of School or College if attending. Rows 1-6.

**2016 Parent/Guardian Income:**

Wages/Salaries: <b>Father/Guardian</b>	\$ _____	Child Support/Alimony	\$ _____
Wages/Salaries: <b>Mother/Guardian</b>	\$ _____	Welfare Benefits/TANF	\$ _____
Business/Farm/Rental Income	\$ _____	Other untaxed Income	\$ _____
Interest/Dividend Income	\$ _____		
Social Security Benefits	\$ _____		

<b>Assets:</b>	<b>Value</b>	<b>Debt</b>
Home	\$ _____	\$ _____
Other Real Estate	\$ _____	\$ _____
Business/Farm	\$ _____	\$ _____
Cash/Savings/Checking	\$ _____	\$ _____
Investments/Stocks/Retirement	\$ _____	\$ _____

**Expenses:**

Monthly mortgage or rental payment:	\$ _____
Annual medical expenses not covered by insurance:	\$ _____
Child Support/Alimony:	\$ _____

**Amount you expect to contribute towards Pre-College Costs:** \$ \_\_\_\_\_

**Travel costs you may incur to attend the Pre-College Program:** \$ \_\_\_\_\_

**Additional Information:**

Please explain any special circumstances that might affect your ability to pay for the program.

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I (We) certify that the information provided in this application is complete and correct to the best of my (our) knowledge. **I understand that this application is for the 2017 Emory Pre-College Program only. I must apply for admission and financial aid should I wish to enroll in any subsequent term at Emory University.**

Signature of Student: \_\_\_\_\_ Date: \_\_\_\_\_

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

Please return to the Emory Pre-College Program Office by one of these three methods:

- 1) Email to [precollege@emory.edu](mailto:precollege@emory.edu)
- 2) Fax to 404-727-6724
- 3) By mail to Emory Pre-College Program, 550 Asbury Circle, Suite 200, Mailstop 1580-002-2AA, Atlanta, GA 30322