



Washington University in St. Louis

Summer Experiences Scholarship Assistance Application

To be completed by parent or legal guardian of student. All information is kept completely confidential. You MUST attach a copy of your most recent 1040 tax return. If you are not required to file a tax return, you must send official documentation explaining your income. We cannot consider this application without income documentation.

This application is due **April 1, 2017**. Submit this form along with your 1040 tax return to the Summer Experiences office via email to summerexperiences@wustl.edu. Please note we will not review scholarship applications until we receive a completed program application from the student, including all supplemental information.

Student's name: _____
 last first middle

Program applying to: _____

Parents or Legal Guardians:

Name: _____
 last first

Name: _____
 last first

Title/occupation: _____

Title/occupation: _____

Employer: _____

Employer: _____

Is this person a custodial parent/legal guardian? Yes No

Is this person a custodial parent/legal guardian? Yes No

Dependents:

Name	Relationship to parent	Name of School and grade level	Annual tuition, minus financial assistance if applicable
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Family Annual Income and Housing Expenses:

If parents or legal guardians file a joint return, enter total for both in first column. If parents or legal guardians file separately and both have custody, complete both columns.

	Parent/Legal Guardian 1 or both <i>(circle one)</i>	Parent/Legal Guardian 2 <i>(if separate return)</i>
Adjusted gross income from income tax return:	\$ _____	\$ _____
Untaxed income not represented on income tax return: (child support, alimony, Social Security, etc.):	\$ _____	\$ _____
Monthly house payment or rent:	\$ _____	\$ _____

If there are any circumstances, or additional expenses, not reflected by your responses above that would affect your ability to pay for the program (i.e. medical bills, extended family obligations, etc), please explain on a separate sheet of paper.

Signature: I certify that the information furnished in this application is correct to the best of my knowledge.

Signature of parent or legal guardian: _____ Date: _____