



How many brothers and sisters do you have living at home? \_\_\_\_\_ List their ages: \_\_\_\_\_  
 How many siblings will be in college next year? \_\_\_\_\_  
 What college or colleges? \_\_\_\_\_

Total annual income of: (a) Father or Guardian: \$ \_\_\_\_\_ (b) Mother: \$ \_\_\_\_\_  
 (c) Siblings living at home: \$ \_\_\_\_\_  
 (d) Federal income tax paid by your parents or guardians for last year \$ \_\_\_\_\_

ARE YOU MARRIED? \_\_\_\_\_

YOUR income as the student: \_\_\_\_\_ Employer: \_\_\_\_\_

Give your spouse's: (a) Occupation, if employed: \_\_\_\_\_ (b) income \_\_\_\_\_  
 (c) Employed by: \_\_\_\_\_

How many children do you have? \_\_\_\_\_ List their ages: \_\_\_\_\_

Federal income tax paid by you and your spouse for last year \$ \_\_\_\_\_

List debts or outstanding obligations you have, including loans already received for your education:

<i>Name of Creditor</i>	<i>Address</i>	<i>Amount</i>	<i>Due Date</i>

State below any other pertinent information that would be helpful in assessing your need for financial aid.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**PROPOSED BUDGET**

Estimate costs and resources for the period of your request which will be from \_\_\_\_\_ to \_\_\_\_\_  
 (one semester)

<i>Costs</i>		<i>Resources</i>	
Tuition and required fees.....\$	_____	From parents/others.....\$	_____
Books & Supply Allowance.....\$	_____	From other loans .....\$	_____
Room and Board.....\$	_____	From part-time work/savings.....\$	_____
Personal Allowance.....\$	_____	From scholarships/grants (specify on separate sheet and attach).....\$	_____
		From all other sources (itemize on separate sheet and attach).....\$	_____
<b>Total Costs</b>	<b>\$ _____</b>	<b>Total Resources</b>	<b>\$ _____</b>

**Expected Deficit (Costs Minus Resources) \$ \_\_\_\_\_**

I hereby state that the information I have supplied in this application for financial assistance is true and correct to the best of my knowledge. I also hereby state that I do not object to the release of my academic record to anyone concerned with the evaluation of the merits of this application. If granted, I will look upon this aid as a debt of honor to be repaid by me to the Ernest B. Ellis Foundation, without interest. I hope to be able to begin these payments to the Foundation within \_\_\_\_\_ year(s) after I leave the University, either by graduation or otherwise.

Date: \_\_\_\_\_

\_\_\_\_\_  
 Signature of Applicant