

Mount Olivet UMC Statement of Financial Need

Please save your file in the following format:

Name_ Financial Need_MOUMC.pdf

Applicant's name: _____

Father/guardian's gross annual income for the last tax year: _____

Mother/guardian's gross annual income for the last tax year: _____
total:

Names and ages of other children in family: _____

Number of people dependent on this income: _____

Number of dependents (excluding applicant) enrolled in higher education for the upcoming academic year: _____

Please explain any special financial conditions you would like the committee to know.:

List student scholarships, loans, etc. (any amounts), already awarded the applicant for the Upcoming academic year and indicate if any are pending:

Name: _____ Amount: _____

Name: _____ Amount: _____

Name: _____ Amount: _____

Financial summary for the next academic year

Estimated cost for the next academic year:

Tuition: _____

Housing & Meals: _____

Books & fees: _____

Clothing & Transportation: _____

Personal expenses: _____

Other expenses: _____

Total: _____

Estimated financial support for the next academic year:

Funds supplied by parents/guardian: _____

Student's savings/earnings, including
anticipated summer earnings: _____

Other scholars, grants, etc.: _____

Other sources: _____

Total: _____

Difference between total estimated costs and total estimated available funds: _____

The information given on this form is, to the best of my knowledge, a true and accurate reflection of my financial situation.

Applicant's signature: _____ date: _____

Parent/Guardian's signature: _____ date: _____