

<b>For Office Use Only</b> Amount Requested: Amount Approved: Signature: SU Student ID:
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## 2017-2018 Scholarship Application

### Candidate information:

Last name: \_\_\_\_\_ First name: \_\_\_\_\_ MI \_\_\_\_\_

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

Telephone: (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_

Email: \_\_\_\_\_

### Parent/Guardian information:

Last name: \_\_\_\_\_ First name: \_\_\_\_\_ MI \_\_\_\_\_

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

Telephone: (Home) \_\_\_\_\_  
(Cell) \_\_\_\_\_

Email: \_\_\_\_\_

### Enrollment/Financial Status:

Is the candidate currently enrolled in InclusiveU? \_\_\_\_\_

If not, has the candidate been accepted into InclusiveU for the next academic semester? \_\_\_\_\_

Is the candidate on Medicaid Waiver?

\_\_\_ Yes \_\_\_ No

If Yes, please specify: \_\_\_ Self Directed or \_\_\_ Traditional Budget

**Statement of Financial Need: (Please limit your answers to 100 words each):**

In your statement of need, please address the following questions.

**1. How are you paying for your college experience?**

**2. How are you having difficulty meeting your financial needs?**

**3. How will you benefit from this scholarship?**

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