

Priority 2:

Name of institution planning to attend: _____

Accepted () No decision made () Wait List ()

Estimated early tuition: \$ _____

Estimated yearly room and board: \$ _____

Major field of study: _____

Priority 3:

Name of institution planning to attend: _____

Accepted () No decision made () Wait List ()

Estimated early tuition: \$ _____

Estimated yearly room and board: \$ _____

Major field of study: _____

List Family Members and All Dependents

Please list each person you are including in the household on the FAFSA.

Please indicate if a person is attending college in 2023-2024 half-time or full-time.

#	Name	Age	Relationship	Occupation	School Attending	College- Half-time or Full-time
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						

Unusual Circumstances: Please describe any unusual circumstances creating the need for financial aid. Use the space below or attach letter if necessary.

FINANCIAL NEED

How do you plan to meet college costs? Please check all that apply:

- Family contribution
- Applicant contribution
- Student and/or parent loans
- Scholarships and Grants--Please list name(s) and amount(s) below:

FINANCIAL INFORMATION (Parent please print.)

Parent One (The parent with whom the applicant resides.) If *Parent One* has remarried, *Parent Two* is the spouse of *Parent One*.

Name: _____

Age: _____

Marital status: _____

Employer: _____

Nature of employment, business, or occupation: _____

Annual salary or income from business, employment, or other: \$ _____

Parent Two (The parent with whom the applicant resides.) If *Parent Two* has remarried, *Parent One* is the spouse of *Parent Two*.

Name: _____

Age: _____

Marital status: _____

Employer: _____

Nature of employment, business, or occupation: _____

Annual salary or income from business, employment, or other: \$ _____

Joint Information: Location of all real estate properties. Include primary residence as well as other properties (e.g., vacation, properties owned for rental purposes).

Primary (Mailing Address) Residence:

Address: _____

Do you own or rent this property? _____

Estimated value of the property (not the assessment): _____

Amount owed on property:

- _____
- _____
- _____

Other properties (Use an additional sheet if necessary):

Address: _____

Do you own or rent this property? _____

Estimated value of the property (not the assessment): _____

Amount owed on property:

- _____
- _____
- _____

Value of assets in name of either Parent One or Parent Two or both: \$ _____

Nature of assets* _____

(*Do not list tax-sheltered programs such as 401K, 403B, non/college IRA—these items are not included on the FAFSA.)

If family owns a business, what is the value? \$ _____

OR debt? \$ _____

Applicant Finances:

Annual Income: _____ Savings: _____

Student Release Statement:

By signing this statement, I/we authorize the Radnor High School Guidance Office to collect this information on behalf of the Radnor High School Scholarship Fund. I/we also understand that all information will be kept confidential and only be released to an outside financial expert for the purpose of evaluating my eligibility for a scholarship. I/we do hereby consent to the use and review of non-financial information contained in the application by members of the Radnor High School Scholarship Fund Selection Committee. I/we represent that the information provided in this application is true, complete, and correct. I/we understand the need to assist in fund-raising as previously outlined. I/we understand that the decisions of the Radnor High School Scholarship Fund in awarding need-based scholarships are final.

Please note: If you are selected to receive a scholarship from the RHSSF, your photo may be used in a press release to the media, on RHSSF and RTSD websites, and in RHSSF fund-raising materials. By signing this application, you give the Radnor High School Scholarship Fund permission to do so.

→ Student's signature: _____ Date: _____

→ Parent One's signature: _____ Date: _____

Email contact or work number: _____

→ Parent Two's signature: _____ Date: _____

Email contact or work number: _____

CHECKLIST

- Completed and signed Radnor High School Scholarship Fund 2024 Application**
- Attach applicant's FAFSA Submission Summary.**

Applications must be completed, signed by student and parent(s), and then returned to the **Radnor High School Guidance Office** by the deadline of **Wednesday, March 20, 2024, at 3:30 p.m.**