

WE@RIT
Women in Engineering Program
Application for Financial Assistance
CONFIDENTIAL

Parent/Guardian Information

Parent/Guardian Name (First) _____ (Last) _____

Participant's Name (First) _____ (Last) _____

Address _____ City _____

State _____ Zip _____

Home Phone () _____ Work Phone () _____

Marital Status: ___ Single ___ Married ___ Separated ___ Divorced ___ Widowed

Parent/Guardian Employer _____

Employer's Address _____ City, State, Zip _____

Occupation _____ How long employed there? _____

Applying for _____ (WE@RIT Event or program)

Spouse Information

Spouse Name (First) _____ (Last) _____

Address _____ City _____

State _____ Zip _____

Home Phone () _____ Work Phone () _____

Marital Status: ___ Single ___ Married ___ Separated ___ Divorced ___ Widowed

Spouse's Employer _____

Employer's Address _____ City, State, Zip _____

Occupation _____ How long employed there? _____

Dependent Information

Only children who are born to you, legally adopted/guardianed by you, and claimable on your taxes will be considered dependents. Children 19-23 enrolled in college and can still be claimed as a dependent on Federal Tax Forms.

First Name	Last Name	Date of Birth	Age	Relationship to Applicant

Household Income – ALL SOURCES *(This section must be completed or your application will be considered incomplete)*

Income		Expense	
(Gross)Wages/Salaries/Tips	\$	Rent/Mortgage	\$
Unemployment	\$	Utilities/Phone	\$
Social Security Compensation	\$	Food	\$
Child Support	\$	Clothing	\$
Aid to Dependent Children	\$	Car/Insurance	\$
Food Stamps	\$	Alimony	\$
Alimony	\$	Child Support	\$
Housing Assistance	\$	Medical	\$
Other	\$	Other	\$
Retirement/Pension	\$		
Total	\$	Total	\$

Your application will not be processed without the following. Please submit a copy of your most recent year's Federal Income Tax form.

How much can you afford to pay for this event? _____

Explain why you would like to be considered for financial aid (included any special circumstances)

I certify that the above information is accurate and complete to the best of my knowledge.

Signature of Parent/Guardian

Date