

EPSYOs Financial Aid Request Form (to be completed by parents)

Please Print:

Student's last name _____ First name _____

Grade in school for **2010-11** ____ Age ____ # Years in EPSYOs ____

Father's name _____ Mother's name _____

Father's Email _____ Mother's Email _____

Father's Phone _____ Mother's Phone _____

Name of father's employer _____ Name of mother's employer _____

Father's Employer's Address _____ Employer's Address _____

Type of business _____ Type of business _____

Position held _____ Position held _____

Total combined annual wages, salaries, and other income before taxes, as listed on your 2009 or most recently filed income tax return: \$ _____

Number of dependent children: ____ Ages (circle those in college) _____

Number of others who are dependent on family for major financial support (i.e., more than 50% of their support): _____

Amount of assistance requested: \$ _____ (this field is required)

Please attach a copy of your 2009 federal tax return, or most recent return, if 2009 is not available, with income estimate for 2010. If you are separated or divorced, both parents should fill it out this form independently. If you have questions, please call (915) 525-8978.

ALL FINANCIAL INFORMATION WILL BE HELD IN STRICTEST CONFIDENCE.

Father's signature _____ Date _____

Mother's signature _____ Date _____

Please write additional comments that will help explain your personal situation to the Scholarship Committee on the reverse side.