

SCHOLARSHIP APPLICATION—ANNAPOLIS

St. John's College may award financial aid to students who demonstrate financial need. (Financial aid funds are limited, thus receiving financial assistance is not guaranteed.)

To apply for assistance to attend the Summer Academy, please submit this form and **all** the requested attachments by **May 3, 2019**. Applications submitted after May 4 will not be reviewed. Summer Academy scholarships will be awarded on **May 17, 2019**.

To be considered for assistance, you **MUST**

- ✓ Complete, sign, and submit this form to the Santa Fe campus with a letter explaining why you are requesting assistance.
- ✓ Enclose a copy of your parent/guardian's 2018 IRS Form 1040.
- ✓ Agree that, after completing the Academy, you will write a short essay about your experience to be shared with scholarship donors. Check here if you prefer that your essay or excerpts from your essay **not** be quoted in future Summer Academy marketing material.

STUDENT INFORMATION

Name: _____ Accepted for: Week I: June 30 – 6
 Address: _____ Week II: July 7 – 13
 City/State/Country/Zip: _____

PARENT/GUARDIAN I

PARENT/GUARDIAN II

Name: _____ Name: _____
 Occupation: _____ Occupation: _____
 Phone: _____ Phone: _____
 Email: _____ Email: _____

Are you an international student? YES NO If yes, list the document(s) you will attach to verify income:

In 2018, did you, your parent/guardian or anyone in your household qualify for any of the following?

- | | | |
|---------------------------------------------------------------------------------|------------------------------|-----------------------------|
| Supplemental Security Income (SSI) | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Supplemental Nutrition Assistance Program (SNAP) | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Free or Reduced Lunch Price | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Temporary Assistance for Needy Families (TANF) | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Special Supplemental Nutritional Program for Women, Infants, and Children (WIC) | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

I certify that to the best of my knowledge the above information is true. I understand that Summer Academy staff will review this confidential information. I agree to write an essay about my SA experience, which will be shared with scholarship donors and, if I don't indicate so above, might be used in Summer Academy marketing material.

Student Name (Printed) _____ Student Signature _____ Date _____