



# Syracuse University Project Advance<sup>®</sup> Student Financial Assistance Application 2015-2016

## Part I: Applicant Information

Male  Female

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Student Last First MI

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Address City State Zip

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Student Email Address

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High School Graduation Date

Male  Female

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Parent Last First MI

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Parent Email Address (*Financial assistance notifications will be sent by e-mail*)

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Area Code Primary Phone Number Area Code Work/Alternate Phone Number

## Part II: Eligibility Consideration

- Parent/Guardian's income is below \$30,000     Student qualifies for free/reduced lunch

Parent/Guardian Monthly Income	
Gross wages/salaries	\$
Unemployment	\$
Social Security/disability	\$
Pension or retirement income	\$
Alimony	\$
Child Support	\$
Other	\$
<b>TOTAL</b>	<b>\$</b>

### Required Documentation (MUST BE INCLUDED WITH APPLICATION):

- Free/reduced lunch approval letter attached (60% tuition reduction); and/or
- Federal Income Tax Form (first two pages) and/or
- Copies of Unemployment, Social Security, Disability, or other income statements

**Note:** Awards range from 20% - 60% depending on the family's circumstances and the documentation provided. It is only necessary to fill out one application per academic year. If an award is granted in the fall semester, the same award will be granted in the spring semester.

### Part III: Applicant Statement

Please explain your need for financial assistance:

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### Part IV: Certification

I certify that all the information provided on this application is true and accurate. I hereby give permission for officials at the high school to give Syracuse University Project Advance information pertinent to verify this completed Financial Assistance Application.

\_\_\_\_\_  
*Signature of Applicant or Parent/Guardian*

\_\_\_\_\_  
*Date*

**Mail, email, or fax complete application to:**  
Syracuse University Project Advance  
Student Financial Assistance Program  
c/o Debra LaVine  
400 Ostrom Avenue, Syracuse, NY 13244  
Phone: (315) 443-2404; Fax: (315) 443-1626  
Email: [djlavine@syr.edu](mailto:djlavine@syr.edu)

**For Office Use Only:**

Approval:  Yes  No    Financial Assistance Award: \_\_\_\_\_ %

Date Applicant Notified: \_\_\_\_\_    Date Completed: \_\_\_\_\_