

Date Applicant Notified:

## Syracuse University Project Advance<sup>®</sup> Student Financial Assistance Application 2016-2017

Student Last					
Student Last					Molo D. Comela D
		First		MI	Male 🛭 Female 🗆
Address		City		State	Zip
Student Email	Address				
High School				Gr	aduation Date
Parent Last		First		MI	Male □ Female □
Parent Email	Address (Financial assistance no	otifications will be	sent by e-mail)		
Area Code	Primary Phone Number		Area Code	Work/Alternate Phone Number	
	Davi I	l. Eliaibilit. C	onoideration		
	This section must be com	l: Eligibility C pleted or your		I not be re	viewed.
		Monthly Inco	me		
	Gross wages/salaries	\$			
	Unemployment	\$			
	Social Security/disability	\$			
	Pension or retirement income	\$			
	Alimony	\$			
	Child Support	\$			
	Other	\$			
	TOTAL	\$			
Requ	uired Documentation:				
<b>-</b> :	Student qualifies for free/redu		ned (60% tuition i	reduction)	
<u> </u>	Parent/Guardian's income is t  Federal Income Tax Forr  Copies of Unemploymen	n (first two pages	) and/or		,
Office Use (	Only:				

Date Completed:

## Part III: Applicant Statement Please explain your need for financial assistance: \_\_\_ **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 Crystal Pelton
400 Ostrom Avenue, Syracuse, NY 13244
Phone: (315) 443-2404; Fax: (315) 443-1626
Email: cpelton@syr.edu

**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.