



Syracuse University Project Advance

Syracuse University Project Advance 2018-19 Student Financial Assistance Application

Applicant Information

Student Name _____ High School _____

Parent Name _____ Phone _____ Email _____

Household Income Eligibility for financial assistance is typically below \$ 30,000 per year

Household Monthly Income _____ Household Yearly Income _____

Required Documentation: The first two pages of your 1040 Federal Income Tax Form
Additional documentation can include: (Unemployment, Social Security or Disability)

Eligible for Free/Reduced Lunch

Yes or No (please circle one)

Required Documentation: A copy of your approval letter OR Notification from the High School on official letterhead (Please do not send both).

Please note that no request for assistance will be awarded without the proper documentation.

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

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

Mail, email, or fax complete application to:
Syracuse University Project Advance
c/o Alyssa Spagnola
400 Ostrom Avenue, Syracuse, NY 13244
Phone: (315) 443-2404; Fax: (315) 443-1626
Email: supabilling@syr.edu

For Office Use Only
Approval: Yes or No Award _____ %
Date Notified _____
(TI , Note, Email, Invoice)