

Syracuse University

Project Advance

Syracuse University Project Advance 2019-2020 Student Financial Assistance Application

Applicant Information

Student Name _____ High School _____

Parent Name _____ Phone _____ Email _____

Eligibility for financial assistance is based on the Federal Guidelines for Low-Income Families.

Household Family Size _____ Household Yearly Income _____

Required Documentation: The 1040 Federal Income Tax Form (state returns are not accepted).

If you did not file taxes with the federal government, the documentation allowed will be the following:

- W-2 Statement(s)
- Social Security
- Disability
- Unemployment

Please include a personal statement for any special circumstances that may not be fully reflected in your financial statements.

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 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)