

For Office Use Only

Date Notified

Approval: Yes or No Award _____%

Syracuse University Project Advance 2020-2021 Student Financial Assistance Application

Applicant Information

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

Student Name		High School		
Parent Name	Phone		Email	
Household Family Size	Adjus	sted Gross Incom	ne	
 Personal statement 	ncome Tax Form (203	lease provide	a statement describing your	
If you do not have this docun	nentation, please email	supabilling@sy	r <u>r.edu</u> for further instructions.	
Mail, email, or fax complete Syracuse University Project A c/o Alyssa Spagnola 400 Ostrom Avenue, Syracu Phone: (315) 443-2404; Fax Email: supabilling@syr.edu	Advance se, NY 13244			
Please note that no reques only necessary to fill out <u>o</u>			nout the proper documentation. It is	
This application is also located	at https://supa.syr.edu/fi	<u>inancialaid</u>		
	give Syracuse Universi		nd accurate. I hereby give permission for Ince information pertinent to verify this	
Signature of Applicant or Pai	 rent/Guardian	 Date		