

For Office Use Only

Date Notified

Approval: Yes or No Award _____%

Syracuse University Project Advance 2022-2023 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	Adjuste	d Gross Income	
Required Docume	entation:		
 The 1040 Federa 	l Income Tax Form (2021	or 2022)	
Personal statement	·	ase provide a statement describing your	
lf you do not have this docu	ımentation, please email <u>su</u>	pabilling@syr.edu for further instructions.	
	Mail, email, or fax con Syracuse University 400 Ostrom Avenue, Phone: (315) 443-2404 Email: supabil	y Project Advance Syracuse, NY 13244 4; Fax: (315) 443-1626	
•	est for assistance will be avone application per acade	warded without the proper documentation. It is emic year.	
This application is also locate	ed at <u>https://supa.syr.edu/fina</u>	ncialaid	
	to give Syracuse University	tion is true and accurate. I hereby give permission for Project Advance information pertinent to verify this	
Signature of Applicant or P	'arent/Guardian [Date	