

For Office Use Only

Date Notified

Approval: Yes or No Award _____%

Syracuse University Project Advance 2023-2024 Student Tuition Assistance Application

Applicant Information

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

Student Name	dent NameHigh School	
Parent Name or legal guardian	Phone	Email
Household Family Size	Adjusted	d Gross Income
Required Documer	ıtation:	
• The 1040 Federal	Income Tax Form (2022	or 2023)
	t (under 500 words)-plea and why you are applying	ase provide a statement describing your for aid
lf you do not have this docui	nentation, please email <u>sup</u>	oabilling@syr.edu for further instructions.
	Mail, email, or fax com Syracuse University 400 Ostrom Avenue, S Phone: (315) 443-2404 Email: supabill	y Project Advance Syracuse, NY 13244 ; Fax: (315) 443-1626
Please note that no request only necessary to fill out <u>c</u>		warded without the proper documentation. It is mic year.
This application is also located	lat supa.syr.edu/tuition-assis	<u>stance</u>
	o give Syracuse University I	tion is true and accurate. I hereby give permission for Project Advance information pertinent to verify this
Signature of Applicant or Pa	 rent/Guardian D	 Date