

DIE DEUTSCHE SOMMERSCHULE VON NEW MEXICO

Application for Scholarship Aid

Applicants for financial aid must complete this form as accurately as possible and return it with the application form. This information will be treated confidentially and serves solely to determine your eligibility for scholarship aid. Please type or print clearly.

Name:

A. Financial Obligations

1. Tuition per academic year (not covered by scholarships, grants, etc.): \$ _____
2. Room and Board
 - a. Do you live () with parents () in a dorm
in a private apartment or house (___ rent, ___ own)?
 - b. Yearly expenses for room and board \$ _____
3. Additional financial obligations if any, per year: _____ \$ _____

Total expenditures/year: \$ _____

B. Income

1. Employment:
 - a. Do you have a job? _____ yes _____ no
If yes: _____ full-time _____ part-time _____ work-study
Please indicate net *yearly* income: \$ _____
 - b. Are you married? _____ yes _____ no
If yes, does your spouse have a job? _____ yes _____ no
If yes, indicate net *yearly* income: \$ _____
 2. Do you receive any financial support from your parents? _____ yes _____ no
If yes, indicate *yearly* amount of support: \$ _____
 3. Are you currently receiving any type of scholarship aid/loans? _____ yes _____ no
If yes, indicate *yearly* amount: \$ _____
 4. Other sources and amounts of *annual* income, if any: \$ _____
- Total income/year: \$ _____**

C. Savings (please indicate total available savings) \$ _____

D. Please give any further information relevant to your financial situation.

I confirm that the information provided above is complete and correct.

Signed:

Date: