

**ASDAR SCHOLARSHIP FINANCIAL NEED FORM**

*[Non-married students independent of parents substitute self in place of mother/father at the top of form and in statement section below. Married students substitute spouse/self in place of mother/father and so indicate.]*

**FATHER OR GUARDIAN**

**MOTHER**

NAME: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

EMPLOYER: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_

POSITION: \_\_\_\_\_

POSITION: \_\_\_\_\_

ANNUAL INCOME: \_\_\_\_\_

ANNUAL INCOME: \_\_\_\_\_

Other sources of income or financial aid: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*Ages of other dependent children (note those who may be attending college at the same time as the applicant):*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*The parent/guardian shall prepare a statement summarizing the family's obligations and resources. **The statement must illustrate the applicant's need for financial assistance. Lack of sufficient information about the applicant's family financial situation may negatively impact consideration of the application.** Please use the space below, and attach an additional sheet if necessary.*

*I attest that all information in this application and all attachments are a true and accurate record.*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*Signature of Father*

*Signature of Mother*

*Signature of Applicant*

Ann Nix Black  
**ASDAR SCHOLARSHIP COMMITTEE CHAIR**  
514 Matador Drive, Chelsea, AL 35043-6221  
205-712-2255  
asnixb@gmail.com