

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
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