

# *Jericho Plan Financial Assessment*

Name (please print): \_\_\_\_\_

<b><u>ASSETS</u></b>	
Cash bringing to college	1 \$ _____
Checking Account Balance	2 _____
Savings Accounts Balance	3 _____
Loans receivable from relatives	4 _____
Loans receivable from others	5 _____
_____	6 _____
Other cash assets (e.g. CD's,	7 _____
Money Markets, Bonds, etc.)	8 _____
<b>TOTAL ASSETS</b>	<b>9 \$</b> =====

<b><u>LIABILITIES</u></b>	
Credit Card Balances	1 \$ _____
Bank Loans and/or Student Loans	2 _____
	3 _____
Automobile Loan Payment	4 _____
Automobile Insurance Premium	
Payment	5 _____
Cell Phone Payment	6 _____
Student Loans	7 _____
<b>TOTAL LIABILITIES</b>	<b>8 \$</b> =====

**PLEASE PROVIDE DETAILS OF FINANCIAL RESOURCES:**

**How do you propose to pay your fees? (Select applicable options, details to be provided below):**  
 Personal Savings/Employment     Family     Award (Scholarship, etc.)     Other

**Employment**  
 1. Are you employed?     Yes     No            If yes, please state gross monthly income: \$ \_\_\_\_\_

**Family Contribution**  
 2. Will your parents or other relatives contribute to your fees?     Yes     No  
 3. If yes to question 2, please state total of contribution. \$ \_\_\_\_\_  
 4. What is the name, relation and breakdown income of the family member(s) on whom you are dependent for payment of fees?

Name	Relation	Weekly	Monthly	Yearly
a.				
b.				
c.				

**Award/Scholarship (Please provide letter stating awarded scholarships)**

Name of Award	Value (\$)	Duration
a.		
b.		

**Other (please state exactly how fees will be paid)**  
 \_\_\_\_\_  
 \_\_\_\_\_

I certify that the information provided in this Financial Information Form is true and correct as of the date set forth opposite my signature on the form and acknowledge my understanding that any intentional or negligent misrepresentation(s) of the information contained on the form may result in my application being removed from consideration in the Jericho Plan.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE