



FINANCIAL ASSESSMENT FORM

HYLES-ANDERSON COLLEGE | CROWN POINT, INDIANA

Applicant's Name

ASSETS

Cash bringing to college	\$
Checking account(s) balance(s)	\$
Savings account(s) balance(s)	\$
Loans receivable from others	\$
	\$
Other cash assets (e.g. CDs, money markets, bonds, etc.)	\$
TOTAL ASSETS	\$

LIABILITIES

Credit card balance(s)	\$
Bank loan(s)	\$
Student loan(s)	\$
Cell phone payment (monthly)	\$
Car loan payment (monthly)	\$
Car insurance premium payment (monthly)	\$
TOTAL LIABILITIES	\$

How do you propose to pay your college expenses? (Select applicable options and supply details below.)

☐ Personal Savings/Employment ☐ Family ☐ Award (Scholarship, etc.) ☐ Other

Are you employed? ☐ Yes ☐ No If yes, please state gross monthly income. \$

On whom are you dependent for payment of college expenses? (Parents, other relatives, etc.)

Person's Name	Relation	Weekly Support	Monthly Support	Yearly Support

Name of Award/Scholarship (Please provide letter stating awarded scholarships.)	Value (\$)	Duration

Other (Please state exactly how college expenses will be paid.)

I certify that the information provided on this Financial Assessment 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 for on-campus employment.

Signature of Applicant Date Signed MM/DD/YYYY

PLEASE SUBMIT FORMS TO THE OFFICE OF ADMISSIONS.
8400 Burr Street | Crown Point, IN 46307
219.558.2458 - Admissions Department | 219.365.4031 - Main Switchboard

If you have questions, please call us or visit hylesanderson.edu.
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