

Financial Assessment Form

Name _____

PLEASE PRINT

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

| <u>LIABILITIES</u> | |
|---------------------------------|-------------|
| Credit Card Balances | 1. \$ _____ |
| Bank Loans and/or Student Loans | 2. \$ _____ |
| | 3. \$ _____ |
| Automobile Loan Payment | 4. \$ _____ |
| Automobile Insurance Premium | |
| Payment (monthly) | 5. \$ _____ |
| Cell Phone Payment (monthly) | 6. \$ _____ |
| TOTAL LIABILITIES | 7. \$ _____ |

How do you propose to pay your college expenses? (Select applicable options and supply details 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 college expenses? Yes No

3. If yes to question 2, please state total of contribution. \$ _____

4. What is the name, relationship and support income of each of the family member(s) on whom you are dependent for payment of college expenses?

| Name | Relation | Weekly Support | Monthly Support | Yearly Support |
|------|----------|----------------|-----------------|----------------|
| 1. | | | | |
| 2. | | | | |
| 3. | | | | |

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

| Name of Award | Value (\$) | Duration |
|---------------|------------|----------|
| 1. | | |
| 2. | | |

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.

APPLICANT'S SIGNATURE

DATE