

How many brothers and sisters do you have living at home? _____ List their ages: _____
 How many will be in college next year? _____
 What college or colleges? _____

If you are married, give your spouse's: (a) Occupation, if employed: _____
 (b) Employed by: _____

How many children do you have? _____ List their ages: _____
 Total annual income of: (a) Father or Guardian: \$ _____ (b) Mother: \$ _____
 (c) Siblings living at home: \$ _____ (d) Your spouse \$ _____ (e) Yourself \$ _____

Federal income tax paid by your parents or guardians for last year \$ _____
 Federal income tax paid by you and your spouse for last year \$ _____

List debts or outstanding obligations you have, including loans already received for your education:

<i>Name of Creditor</i>	<i>Address</i>	<i>Amount</i>	<i>Due Date</i>

State below any other pertinent information that would be helpful in assessing your need for financial aid.

PROPOSED BUDGET

Estimate costs and resources for the period of your request which will be from _____ to _____
 (one semester)

<i>Costs</i>		<i>Resources</i>	
Tuition and required fees.....	\$ _____	From parents/others.....	\$ _____
Books & Supply Allowance.....	\$ _____	From other loans/grants.....	\$ _____
Room and Board.....	\$ _____	From part-time work/savings.....	\$ _____
Personal Allowance.....	\$ _____	From scholarships (specify on separate sheet and attach).....	\$ _____
		From all other sources (itemize on separate sheet and attach).....	\$ _____
Total Costs	\$ _____	Total Resources	\$ _____

Expected Deficit (Costs Minus Resources) \$ _____

I hereby state that the information I have supplied in this application for financial assistance is true and correct to the best of my knowledge. I also hereby state that I do not object to the release of my academic record to anyone concerned with the evaluation of the merits of this application. If granted, I will look upon this aid as a debt of honor to be repaid by me to the Ernest B. Ellis Foundation, without interest. I hope to be able to begin these payments to the Foundation within _____ year(s) after I leave the University, either by graduation or otherwise.

Date: _____

 Signature of Applicant