

# VINCENT E. TABER MEMORIAL SCHOLARSHIP

## FINANCIAL NEED FORM

NAME \_\_\_\_\_ DATE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

NAME AND ADDRESS OF SCHOOL: \_\_\_\_\_  
\_\_\_\_\_

### ESTIMATED ANNUAL EXPENSES FOR THE YEAR TO WHICH AID APPLIES:

A. Tuition and fees	\$ _____
B. Books and supplies	\$ _____
C. Rent or room, including utilities	\$ _____
D. Food or board and household supplies	\$ _____
E. Clothing, laundry and cleaning	\$ _____
F. Medical and dental	\$ _____
G. Transportation	\$ _____
H. Payment on past indebtedness	\$ _____
I. Other expenses	\$ _____

Total Expenses \$ \_\_\_\_\_

### ESTIMATED ANNUAL RESOURCES FOR THE YEAR TO WHICH AID APPLIES

A. Resources from parent or guardian	\$ _____
B. Resources from spouse, if married	\$ _____
C. Savings from summer earnings	\$ _____
D. Earnings during the school year	\$ _____
E. Grants or scholarships already received	\$ _____
F. Veterans GI Benefits	\$ _____
G. Social Security Benefits	\$ _____
H. Educational loans already received	\$ _____
I. From other sources	\$ _____

Total Resources \$ \_\_\_\_\_

Personal statement of need: (Use back of sheet if necessary.)

Signed \_\_\_\_\_