2019 Project SEED Summer Research Program

Financial Statement Form: To be completed by parents or guardians

Applicant's Name_

Student Information:

Limited scholarship funds are available to help students participate who would otherwise be expected to contribute to their family support during the summer. Stipends range from \$110 to \$2500 depending upon financial need. (Summer II students are eligible to receive \$3000 stipend). Should you be accepted into the program, you will also be informed about your stipend determination.

The family of each student must submit this form and be prepared to submit a copy of this year's tax return if the student applicant is accepted into the program. It is generally easier to file taxes first and use the tax return totals to complete this form.

Sign at the signature lines and mail this paper along with your school transcript/s.* *Before mailing, use the information on this document to enter the online application system part 4!

First Name	Last Name		M.I
Address			
City	State	Zip Code	
Telephone Number ()	Social Securi	ity Number	

THE PARENT OR LEGAL GUARDIAN SHOULD ANSWER THE FOLLOWING QUESTIONS:

Fat	her's Name	Oc	cupation
Mc	ther's Name	Occ	cupation
1.	2018 Total number of family member	ers	
2.	2018 Total Income of parents		\$
3.	2018 Income earned from work:		
	St	udent	\$
	Fa	ather	\$
	М	other	\$

4.	2018 Untaxed income and benefits (yearly totals only):				
So	cial Security Benefits – include disability, food stamps, etc \$				
	Child Support received for all children \$				
5.	Money in cash, savings and checking accounts:				
	Student \$				
	Parent(s) \$				
6.	Your parent(s) current marital status: Single Married Separated Widowed Divorced				
7.	Number in your parent(s)' household in 2018-2019				
8.	Number of college students in household in 2018-2019				
WE CERTIFY THAT THE INFORMATION PROVIDED IS ACCURATE:					
Sign	nature of student Date				

Signature of student	Date	
Signature of parent or legal guardian	Date	