Valparaiso University

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Office of International Programs
209 Harre Union, 1509 Chapel Drive
Valparaiso, IN46383
United States of America

Summer Global Leadership Institute

Financial Aid Application (optional)

Summer Global Leadership Institute has limited funds available to assist families that cannot meet the cost of the program. Aid is awarded based on need and academic achievement. Aid will only be awarded to U. S. citizens and permanent residents as outlined by the Federal Department of Education's guidelines for federally eligible students. Because our funds are limited, you should talk with your guidance counselor and seek funding help from the community for additional aid.

If you think you might be eligible for aid and would like to request assistance review from our committee, please have your parent or guardian complete this financial aid application and return it with your application for admission to the program. Our committee for financial assistance is independent of that for Admissions; this application will have no bearing on whether or not you are admitted to the SGLI program. An application for financial aid will not guarantee an award. **Deadline for financial consideration is April 26, 2013.** ALL materials must be received prior to that date for consideration (incomplete applications will not be considered).

_____
First Name Middle Name Last Name

_____
Permanent Mailing Address

_____
City State ZIP Code

Please check the following regarding your family's circumstances:

❑ Parents Married ❑ Father Deceased ❑ Mother Deceased

❑ Parents Separated ❑ Parents Divorced ❑ Single-parent

❑ Parent on Disability ❑ Both Parents Disabled ❑ Grandparent-raised

_____
Custodial Parent

_____
Address City State ZIP Code

_____
Employer's Name

_____
Occupation

_____
Non-Custodial Parent

_____
Address City State ZIP Code

Continued on next page

Employer's Name

Occupation

Legal Guardian (if applicable)

Address City State ZIP Code

Employer's Name

Occupation

LIST DEPENDENTS UNDER THE AGE OF 24

Dependent's Name	Relationship to parent/guardian of applicant	Dependent's age	School dependent attends	Tuition paid to school

Please explain any unusual circumstances that might affect your ability to pay the entire cost of the program.
Attach additional pages if necessary: **leaving this section blank makes your child ineligible for financial aid.**