



JOHN WITHERSPOON  
COLLEGE

**FINANCIAL AID FORM**

*This form is designed to help us distribute our need-based scholarships or work study programs. Please fill it out to the best of your ability and contact the Admissions office if you have any questions about requested information.*

**A. GENERAL INFORMATION**

Student Name: \_\_\_\_\_  
Last First Middle

Permanent Address: \_\_\_\_\_  
Street City State/Zip

Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

U.S. Citizen: (Check one) \_\_\_\_\_ Yes \_\_\_\_\_ No **If not**, are you a:  
\_\_\_\_\_ Permanent Resident \_\_\_\_\_ Resident Alien \_\_\_\_\_ Non-resident Alien

Date of Birth: \_\_\_\_\_ Email: \_\_\_\_\_

**B. STUDENT INFORMATION**

Do you intend to be a full-time student? \_\_\_\_\_

How far is your college commute in miles? \_\_\_\_\_

Year in College: \_\_\_\_\_

Current Savings: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Total Net Yearly Income: \_\_\_\_\_

Taxable Income from last year's Federal Return  
\_\_\_\_\_

*Use back of page to explain in your own words why you are in financial need of a scholarship or work study. You may also provide additional information about your finances to support your application or to clarify responses above.*

**C. PARENT INFORMATION**

*(Fill out only if you are claimed as a dependent on parents' tax return)*

Marital Status: \_\_\_\_\_  
(If divorced, use information from custodial parent)

Number in Parental Household: \_\_\_\_\_

Number of Children in College Full-Time: \_\_\_\_\_  
(including applicant)

Total Net Yearly Income: \_\_\_\_\_  
(including tax-free income)

Taxable Income from last year's Federal Return:  
\_\_\_\_\_

