

## Dependent Student Application

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_ Age: \_\_\_\_\_ Male: \_\_\_\_\_ Female: \_\_\_\_\_

### Family Information

Father/Step-Father/Guardian: \_\_\_\_\_

IPOA/IPCU Member: Y N Retired: \_\_\_\_\_ Deceased: \_\_\_\_\_

If Yes, Rank/Assignment: \_\_\_\_\_ If No, Employment: \_\_\_\_\_

Mother/Step-Mother/Guardian: \_\_\_\_\_

IPOA/IPCU Member: Y N Retired: \_\_\_\_\_ Deceased: \_\_\_\_\_

If Yes, Rank/Assignment: \_\_\_\_\_ If No, Employment: \_\_\_\_\_

Do you still live at home? Y N If yes, total gross family income: \_\_\_\_\_

Number of dependent children (excluding applicant): \_\_\_\_\_ Ages: \_\_\_\_\_

### Academic Information

High School: \_\_\_\_\_

Graduated? Yes \_\_\_ No \_\_\_ Year \_\_\_\_\_ GPA \_\_\_\_\_ SAT Scores \_\_\_\_\_

List any special courses or special interests/activities (volunteer, AP, Honors, etc)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What College do you plan to attend or are attending?

1st Choice \_\_\_\_\_ City/State \_\_\_\_\_

2nd Choice \_\_\_\_\_ City/State \_\_\_\_\_

Have you applied for admission? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you been accepted? Yes \_\_\_\_\_ No \_\_\_\_\_ Still Waiting \_\_\_\_\_

Major field of study: \_\_\_\_\_

Career goal: \_\_\_\_\_

## Financial Information

Have you received other Scholarships/Grants? Yes \_\_\_\_\_ No \_\_\_\_\_  
(If yes, please list the name and amount)

\_\_\_\_\_  
\_\_\_\_\_

Present employer (if any)

Company Name: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Title: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Your Title: \_\_\_\_\_

Hours per week: \_\_\_\_\_ Monthly Gross: \_\_\_\_\_

Do you intend to be employed while attending college? Yes \_\_\_\_\_ No \_\_\_\_\_

## Essay

Please write an essay (maximum of 300 words), explaining what you hope to achieve with your degree. (Attach the essay to this application).

## Signatures

Father \_\_\_\_\_ Date: \_\_\_\_\_  
Print Signature

Mother \_\_\_\_\_ Date: \_\_\_\_\_  
Print Signature

Applicant: \_\_\_\_\_  
Print Name Signature

Date Signed: \_\_\_\_\_

Received by Memorial: \_\_\_\_\_ Reviewed: \_\_\_\_\_  
Name & Date Date

Selected/Not Selected: \_\_\_\_\_ Amount: \_\_\_\_\_