REQUEST FOR FINANCIAL ASSISTANCE

PLEASE FILL OUT THIS FORM COMPLETELY AND SUBMIT WITH THE REQUIRED ITEMS TO:

Holly Longman, Women in Engineering
2070 Neil Avenue
122 Hitchcock Hall
Columbus, OH 43210
Email: longman.7@osu.edu

Date of Application ________________________
SCHOLARSHIP APPLICATION DEADLINE: March 9, 2015

WiE Program Financial Assistance Guidelines:
• Funding is limited and scholarships are not guaranteed to all applicants.
• Incomplete applications will not be reviewed.
• Funding will be awarded based on need. There are no merit based scholarships available.

WiE Program Financial Assistance Recipient Requirements:
☐ Submit completed Request for Financial Assistance application
☐ Submit financial documentation demonstrating need
☐ Submit supplemental online application for WiE program you intend to participate in.

Please fill out one form per child.

REQUIRED PARTICIPANT INFORMATION

Name of Child: ___________________________ Birth date: ____________

Mailing Address: ___________________________________________________________________________

City: ___________________________ State: ___________ Zip: ___________________

Phone Number: ________________ Family or Student Email: ________________

Rising Grade: ________________ School: ___________________________

Please indicate the WiE Program the student is interested in attending:

☐ WiE CHEER  ☐ WiE DREAM
☐ WiE GROW  ☐ WiE RACE
☐ WiE RISE  ☐ Introduce a Girl to Engineering Day (IGED)
REQUIRED FAMILY INFORMATION

Mother’s Name: __________________________ Place of Employment: ________________
Mailing Address: _____________________________________________________________________________________
City: ___________________________ State: ___________ Zip: ________________
Phone Number: __________________________ Email Address: __________________________
Father’s Name: __________________________ Place of Employment: ________________
Mailing Address: _____________________________________________________________________________________
City: ___________________________ State: ___________ Zip: ________________
Phone Number: __________________________ Email Address: __________________________

REQUIRED FINANCIAL INFORMATION

How many individuals currently live in the household? __________________________

How many individuals are children and what are their ages? __________________________

Please indicate your total annual household income from all sources (including wages, interest income, investments, alimony, child support, social security, public assistance):

☐ Below $10,000  ☐ $20,001-$25,000  ☐ $35,001-$40,000  ☐ $50,001-$55,000
☐ $10,001-$15,000  ☐ $25,001-$30,000  ☐ $40,001-$45,000  ☐ $55,001-$60,000
☐ $15,001-$20,000  ☐ $30,001-$35,000  ☐ $45,001-$50,000  ☐ $65,001-$70,000
☐ Over $70,000

Are there any extenuating circumstances, permanent or temporary, that make financial assistance necessary at this time?
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

Are other family members currently applying for assistance?  ☐ Yes  ☐ No
Has anyone in your family previously received financial assistance from WiE? ☐Yes  ☐No

If yes, when and for which program? ________________________________________________

How much was received? $__________________________ Fee amount you are requesting: $ ________

In addition to the fee, how much can you contribute? ____________________________________________

Please attach a copy of last year’s Income Tax Return, W-2 form, two current pay stubs, unemployment or SSI stubs. Incomplete forms will not be processed or considered for funding.

I acknowledge by my signature below that all of the information on this form is accurate and complete.

Parent/Guardian signature: ________________________________________________________________________

Date: _________________________