Financial Need Analysis Form

JFK Scholarship

For International Undergraduate Students

I. Applicant Information (Please Print)

Applicant's Last (Family) Name (As it appears on Passport): _____ *First (Given) Name:* _____

Social Security Number (If Applicable): _____ *Date of Birth:* _____

Current Year in School/College: _____ *Expected Graduation Date from SHIP:* _____

Age of Oldest Parent: _____ *Gender: (Male)*_____ *(Female)*_____

Native Country: _____ *Major of Study:* _____

II. Family and Financial Information

	Parental Information	*Student/Spousal Information*
1. Marital Status		
2. Country of Legal Residence		
3. Number in Household		
4. Number of Dependents in College		
5. Father's 2012 Income from Work		
6. Mother's 2012 Income from Work		
7. Other 2012 Income		
8. Father's 2013 Expected Income from Work		
9. Mother's 2013 Expected Income from Work		
10. Other 2013 Expected Income		
11. Total Amount from Cash, Savings and Checking		
12. Real Estate/Investment Value		
13. Real Estate/Investment Date		
14. Business/Farm Value		
15. Business/Farm Debt		
16. Number of Dependents Other Than Spouse		
17. Student's 2012 Income from Work		
18. Spouse's 2012 Income from Work		
19. Student's 2013 Expected Income from Work		
20. Spouse's 2013 Expected Income from Work		

III. Signatures and Certification

I/We, certify that all of the information on this form is true and complete to the best of my/our knowledge. If asked by an authorized official, I/We agree to provide proof of the information that I/We have given on this form. I/We realize that the proof may include a copy of my/our 2012 U.S. or State Income Tax Return. I/We also realize that if I/We do not give proof when asked, the student may not receive aid.

I/We understand the data will be used by the Financial Aid Office. I/We understand that the penalty for submission of fraudulent information on the application may up to a $10,000.00 USD fine, Imprisonment for up to 5 years, or both.

_____ _____ _____
Student's Signature *Date* *Spouse's Signature*

_____ _____ _____
Father's Signature *Date* *Mother's Signature*

RETURN THIS FORM TO: *1871 Old Main Drive, Shippensburg, PA 17257* ***OR*** *, scan and email to admiss@ship.edu with the Subject of: "JFK Need Analysis Form."*