



# INSTITUTIONAL FINANCIAL NEED APPLICATION

*This information will be used to determine eligibility for an Ozarks Grant. Please complete as accurately as possible.*

Student Name \_\_\_\_\_ Date \_\_\_\_\_

Where are you planning to live?  On Campus  Off Campus

### Calendar Year 2020 Parental Income

How much did parent 1 earn from working? \$ \_\_\_\_\_

How much did parent 2 earn from working? \$ \_\_\_\_\_

### Parental Assets

Cash, savings & checking \$ \_\_\_\_\_

Net worth of investments \$ \_\_\_\_\_  
*Do not include home in which you live*

Net worth of business and/or investment farm \$ \_\_\_\_\_  
*Do not include family farm where you live*

### Calendar Year 2020 Student Income

How much did student earn from working? \$ \_\_\_\_\_

### Student Assets

Cash, savings & checking \$ \_\_\_\_\_

Net worth of investments \$ \_\_\_\_\_  
*Do not include home in which you live*

Net worth of business and/or investment farm \$ \_\_\_\_\_  
*Do not include family farm where you live*

### Household Information

Number in household \_\_\_\_\_

Number attending college 2022-23 \_\_\_\_\_

### Signatures

*By signing the application, I agree, if asked, to provide information that will verify the accuracy of the completed form.*

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_