



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 2024 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 2024 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 2026-2027 _____

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 _____