

**2017 NPM ACADEMIC SCHOLARSHIP  
FINANCIAL-NEED STATEMENT**

Name \_\_\_\_\_ NPM Member # \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_  
E-Mail: \_\_\_\_\_ Fax: \_\_\_\_\_

Income Information (Complete *either* 1 or 2)

1. Single students under 24 years of age without dependents  
Is someone else claiming you as a dependent? ☐ No ☐ Yes
- a. Total number in family (household size) \_\_\_\_\_
- b. Parents' annual income (if claimed as a dependent) \* \$ \_\_\_\_\_
- c. Your annual income \* \$ \_\_\_\_\_
- d. Annual Untaxed Income and Benefits (including Child Support, SSI, Work First, Worker's Comp and other benefits) \$ \_\_\_\_\_
- e. Estimated assets (i.e., savings) \$ \_\_\_\_\_
- f. Other financial aid (grants, loans, scholarships) \$ \_\_\_\_\_
2. Students over 24 years of age, or students under 24 who are married and/or have dependents  
☐ single ☐ married
- a. Total number in family (household size) \_\_\_\_\_
- b. Your annual income \* \$ \_\_\_\_\_
- c. Spouse's annual income \* \$ \_\_\_\_\_
- d. Annual Untaxed Income and Benefits (including Child Support, SSI, Work First, Worker's Comp and other benefits) \$ \_\_\_\_\_
- e. Estimated assets (i.e., savings) \$ \_\_\_\_\_
- f. Other financial aid (grants, loans, scholarships) \$ \_\_\_\_\_

\* *Figures may be estimated or obtained from W-2s or 1040 Federal Income Tax forms.*

Expense Information:

Estimated Annual Household Expenses (excluding educational expenses) \$ \_\_\_\_\_

Estimated Educational Expenses:

Tuition (per program or year)	\$ _____
Fees (per program or year)	\$ _____
Books (per program or year)	\$ _____
Other (please specify)	\$ _____

Other Financial Information:

*Please explain any special circumstances you would like to have considered in this application, continuing on reverse if necessary.*

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date