



Application and Statement of Financial Need

Harrisburg School District Professional Program

A. Identifying Information				
Name: _____				
Last	First	Middle		
Address: _____				
Street	City	State	Zip Code	
Telephone: _____	Email: _____	SS# _____		
Age: _____	Birth Date: _____	Birthplace: _____		
	Mo/Day/Yr			City/State

B. Family Information				
Marital Status: _____ Number of Dependents _____				
Spouses Name: _____				
Last	First	Middle		
Occupation: _____ Employer: _____				
Name(s) _____	Age(s) _____	Grade(s) _____		
of _____	_____	_____		
Children _____	_____	_____		
_____	_____	_____		
_____	_____	_____		
Please explain any situation not included above (ex. Parent living with family)				

Other Financial Aid

Have you applied for or received any other scholarships or financial aid? Yes No
 If yes, please list below:

Date Applied	Source of Funds	Aid Type						Amount
		Government Grant or Scholarship	School Grant or Scholarship	Private Grant or Scholarship	Government Subsidized Loan	Government Unsubsidized Loan	Work Study	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Have you received notification or acceptance? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please specify:								
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Have you received notification or acceptance? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please specify:								
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Have you received notification or acceptance? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please specify:								

E. References

It is your responsibility to contact three references and request that they prepare and mail letters of recommendation to be received by the Foundation no later than May 30th.

1. Name: _____ Relationship: _____
 City: _____ State: _____ Zip: _____
2. Name: _____ Relationship: _____
 City: _____ State: _____ Zip: _____
3. Name: _____ Relationship: _____
 City: _____ State: _____ Zip: _____

List two credit references:

1. _____
2. _____

F. Additional Requirements

Applications and all available supporting information must be submitted no later than May 30th. Documents may be emailed to the Foundation in PDF format. Required information not available by May 30th should be submitted as soon as it becomes available. Approved financial assistance will not be distributed until all required information has been submitted.

Following is a detailed description and checklist of the required supporting documentation.

1. A copy of the applicant's most recent IRS 1040 (Federal Income Tax Return) with all schedules attached . **Note that state and local tax returns should not be provided.**

Checklist:

IRS 1040: Applicant:

I. Statement of Intent

I assure the committee that, following completion of the studies for which assistance is requested, I will return to the staff of the Harrisburg School District and continue to teach there for a period of not less than two years.

I certify that the above information is true and complete to the best of my knowledge, information and belief.

Applicant's Signature: _____ Date: _____

**Applications and other correspondence should be mailed to:
Samuel L. Abrams Foundation ♦P.O. Box 3053♦Harrisburg, PA 17105-3053**

OR

**Emailed to: support@slabramsfoundation.org
Web site: <http://www.slabramsfoundation.org>**