

# St. John's College Extension Division

## Financial Aid Application Form

**Instructions:**

This application form is for the Landivar Scholarship Program. Please read through the entire form before completing. If you believe you meet the criteria and wish to apply you may do so. PLEASE PRINT.

**SECTION A. PERSONAL INFORMATION**

Name: \_\_\_\_\_  
Surname First Middle

Date of Birth: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Telephone No. \_\_\_\_\_

Cell Phone if applicable \_\_\_\_\_

Work Place (if employed) \_\_\_\_\_

Work Tel. No. \_\_\_\_\_

Job Title \_\_\_\_\_

Salary \_\_\_\_\_

Who is responsible for your educational expenses? \_\_\_\_\_

Provide an Income Tax Statement of Emoluments (TD4) or a certificate of Assessment to verify income for the financial year ending December 31, 2008 for you and or the person responsible for your educational expense. (These statement/ forms are available from the Income Tax Department for both employed and unemployed persons.)

**YOUR APPLICATION WILL NOT BE CONSIDERED UNLESS VERIFICATION OF YOUR INCOME OR YOUR PARENTS'/GUARDIAN'S INCOME IS PROVIDED!**

**SECTION B. FAMILY BACKGROUND**

1. Please describe your family by ticking (✓) the appropriate box below:

- Single Parent Family
- Parents married to each other
- Parents in common-law union
- One parent and a step-mother or step-father
- Other (please specify)

2. How many dependents (persons under 21, over 65, or disabled) live in your home?

Please give the NAME, AGE and SCHOOL ATTENDING for all dependents.

1. Name: \_\_\_\_\_  
Surname First Middle  
School Attending: \_\_\_\_\_ Age: \_\_\_\_\_

2. Name: \_\_\_\_\_  
Surname First Middle  
School Attending: \_\_\_\_\_ Age: \_\_\_\_\_

3. Name: \_\_\_\_\_  
Surname First Middle  
School Attending: \_\_\_\_\_ Age: \_\_\_\_\_

4. Name: \_\_\_\_\_  
Surname First Middle  
School Attending: \_\_\_\_\_ Age: \_\_\_\_\_

5. Name: \_\_\_\_\_  
Surname First Middle  
School Attending: \_\_\_\_\_ Age: \_\_\_\_\_

6. Name: \_\_\_\_\_  
Surname First Middle  
School Attending: \_\_\_\_\_ Age: \_\_\_\_\_

7. Name: \_\_\_\_\_  
Surname First Middle  
School Attending: \_\_\_\_\_ Age: \_\_\_\_\_

8. Name: \_\_\_\_\_  
Surname First Middle  
School Attending: \_\_\_\_\_ Age: \_\_\_\_\_

9. Name: \_\_\_\_\_  
Surname First Middle  
School Attending: \_\_\_\_\_ Age: \_\_\_\_\_

If you have other dependents, please list them on a separate sheet of paper.

**SECTION C. ADDITIONAL INFORMATION**

Students applying for a Landivar Scholarship: On a separate sheet of paper (preferably type-written) please write a brief statement (no more than a page long) saying why you deserve a Landivar Scholarship.