



DARE TO DO MORE

LaGuardia Foundation Scholarship Financial Need Analysis Form

Name: _____ EMPLID: _____

- 1. Size of Household** (include only individuals you support or your parents support if you are dependent): _____
- 2. Number of Household Members in College:** _____
- 3. Income and Savings Information** – Students who are under the age of 24, not married and have no dependents must complete income for both themselves and their parents.

Please provide income information of 2018

	Student	Spouse	Parent(s)
Annual Wages			
Adjusted Gross Income			
US Tax Paid			
Non Taxable Income			
Other Income			
Total Income			
Savings			
Other Assets			
Total Savings and Assets			

4. Expected Financial Aid Received:

Expected CUNY financial aid:

Expected Non-CUNY financial aid:

CERTIFICATION

I (we) hereby attest that all the information on this form is accurate to the best of my (our) knowledge. I (we) understand that providing false or misleading information can jeopardize my financial aid eligibility.

Student's Signature

Date

Spouse's / Parent's Signature

Date

FOR OFFICIAL USE ONLY

Application date: _____ Processed date: _____