

RETURN BY EMAIL

Co-Directors  
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Young Writers Workshop  
Bard College at Simon's Rock  
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FINANCIAL ASSISTANCE APPLICATION

The parents or guardians of the applicant must also submit the first two pages of the federal tax return they filed in the previous year. (Be sure to cross out social security numbers.)  
Return this form and the pages of the federal tax return with the rest of your Workshop application by March 15th.

*Bard College at Simon's Rock expects that most participants will pay the full cost of the Workshop. Depending on a family's circumstances, however, the College may be able to provide modest financial assistance. Note: Financial considerations are not a factor in our admissions decisions.*

If you wish to be considered for financial assistance, please have your family provide the following information:

Family adjusted gross income as reported on your current Federal Income Tax form(s): \_\_\_\_\_

Family total taxable income after deductions: \_\_\_\_\_

If the applicant's parents are separated or divorced, please indicate the annual income of the non-custodial parent: \_\_\_\_\_

Please list the amount of child support received each month by the custodial parent: \_\_\_\_\_

Combined savings and investments: \_\_\_\_\_

Do you rent \_\_\_\_\_ or own \_\_\_\_\_ your home?

Monthly rent (if applicable): \_\_\_\_\_ Remaining balance on mortgage (if applicable): \_\_\_\_\_

Current estimated market value of home (if owned): \_\_\_\_\_

List colleges or private schools in which family members are currently or will be enrolled next year:  
\_\_\_\_\_

Family financial commitments for education anticipated in the coming year: \_\_\_\_\_

Estimate of the minimum financial assistance needed in order to attend the workshop: \_\_\_\_\_

List other sources of financial assistance available to you, including relatives, school district funds and awards, service organization support, religious congregation assistance, etc.:  
\_\_\_\_\_

Parent 1 Occupation: \_\_\_\_\_ Parent 2 Occupation: \_\_\_\_\_

We affirm that the financial information above provides a complete and accurate picture of our family's financial resources as well as our needs for financial assistance.

Signature of parent or guardian \_\_\_\_\_ Date \_\_\_\_\_

Signature of applicant \_\_\_\_\_ Date \_\_\_\_\_

Are you applying for the Dorothy West Scholarship?

If so, please refer to the Dorothy West Scholarship form, available for download on the YWW application page.

Please feel free to include any additional information that you think would be helpful when it comes to considering your request for financial assistance (use another page if necessary).