

# 2008 VERDELL FRAZIER YOUNG AWARDS APPLICATION

For office use only:

SU I _____	INTER _____
SU II _____	AWD _____
FA _____	DAWS _____
SP _____	LTR _____

## PERSONAL HISTORY

Name \_\_\_\_\_ Student ID Number \_\_\_\_\_

Local \_\_\_\_\_ Address \_\_\_\_\_

\_\_\_\_\_ street \_\_\_\_\_ city \_\_\_\_\_ state \_\_\_\_\_ zip \_\_\_\_\_  
Local Phone Number \_\_\_\_\_ Birthdate \_\_\_\_\_

E-mail \_\_\_\_\_ address \_\_\_\_\_

Citizenship \_\_\_\_\_ Number of Dependents \_\_\_\_\_ Ages \_\_\_\_\_

Spouse's/Partner's Occupation \_\_\_\_\_

If spouse/partner is a student, she/he is: \_\_\_\_\_ full-time \_\_\_\_\_ part-time

Spouse's/partner's class level is: \_\_\_\_\_ Undergraduate \_\_\_\_\_ Graduate \_\_\_\_\_ Professional

Spouse's/partner's expected completion date is: \_\_\_\_\_

Have you received this award before? \_\_\_\_\_ Yes\* \_\_\_\_\_ No

If yes, for how many semesters? \_\_\_\_\_

## CURRENT EDUCATION INFORMATION

Academic/Professional Goals:

You are enrolled as: \_\_\_\_\_ Undergraduate \_\_\_\_\_ Graduate \_\_\_\_\_ Professional

Present Degree Sought \_\_\_\_\_ Expected Completion Date \_\_\_\_\_

College \_\_\_\_\_ Major \_\_\_\_\_ Field \_\_\_\_\_

Number of hours/units completed towards current degree (indicate if hours or units) \_\_\_\_\_

Number of hours/units currently enrolled for this semester \_\_\_\_\_

Current GPA \_\_\_\_\_/4.0

**Please include an unofficial transcript or grade report with this application.**

Check the application period(s) for which you are applying:

_____	1.	Summer I	Hours / Units Enrolled	_____
_____	2.	Summer II	Hours / Units Enrolled	_____
_____	3.	Fall	Hours / Units Enrolled	_____
_____	4.	Spring	Hours / Units Enrolled	_____

**EDUCATIONAL HISTORY**

High School (Name and Location) \_\_\_\_\_

High School Graduation Year \_\_\_\_\_

Colleges and Universities Attended

Name/Location	Dates Attended	Hours/Units Earned	Degree Earned
---------------	----------------	--------------------	---------------


**EDUCATIONAL INTERRUPTION**

Explain any periods of interruption in your education, including dates and reasons. (Note: The educational interruption is the most important criteria for this award so please be as clear as possible. Feel free to continue on the other side or at end of application, if necessary.)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**EMPLOYMENT HISTORY**

Dates of Employment	Employer	General Type of Work or Activity
---------------------	----------	----------------------------------


**FINANCIAL AID INFORMATION**

**\*All students who are US residents *must* file a FAFSA application.**

Have you applied for other financial aid during the period for which you are requesting this award? \_\_\_\_\_ Yes

\_\_\_\_\_ No

If Yes, what aid? \_\_\_ Fellowships \_\_\_ Graduate Assistantship \_\_\_ Tuition/Fee Waiver

\_\_\_ Office of Student Financial Aid (scholarships, loans, grants, state/federal aid, etc.) \_\_\_ Other

If no, please explain your reasons for not applying for additional financial aid.

---

---

---

**EXPENSES**

Complete the following information for an annual budget for your entire household. (12 Months)

**Household/Family** (Estimate costs if not known.)

1.	Tuition and Fees	\$ _____
2.	Books and supplies	\$ _____
3.	Spouse's/Partner's tuition, fees, books and supplies	\$ _____
4.	Rent / mortgage / housing expenses	\$ _____
5.	Utilities	\$ _____
6.	Food and household supplies	\$ _____
7.	Clothing, laundry and cleaning	\$ _____
8.	Transportation (car) / traveling costs	\$ _____
9.	Medical and dental care	\$ _____
10.	Child care	\$ _____
11.	Child or other support payments	\$ _____
12.	Insurance (car/home/health)	\$ _____
13.	Credit cards	\$ _____
14.	Other expenses (specify)	\$ _____
	TOTAL EXPENSES	\$ _____

**ASSETS AND INDEBTEDNESS**

- 15. Home, if owned, year purchased \_\_\_\_\_ Purchase price \_\_\_\_\_  
Current estimated market value \$ \_\_\_\_\_ Total unpaid mortgage \$ \_\_\_\_\_
- 16. Other real estate (describe):  
Year purchased \_\_\_\_\_ Purchase Price \_\_\_\_\_  
Current estimated market value \$ \_\_\_\_\_ Total unpaid mortgage \$ \_\_\_\_\_
- 17. Bank accounts, cash and savings \_\_\_\_\_
- 18. Other investments, i.e. stock, bonds, IRAs, CDS, trusts \_\_\_\_\_
- 19. Business or farm  
a. total assets \$ \_\_\_\_\_ b. total indebtedness \$ \_\_\_\_\_ c. % of ownership \_\_\_\_\_
- 20. Indebtedness (itemize total and monthly payments.) OMIT mortgages on residence and other real estate listed above, and previously incurred educational loans. \_\_\_\_\_
- 21. Total amount of previously incurred educational loans.  
Applicant \$ \_\_\_\_\_ Spouse/Partner \$ \_\_\_\_\_

**RESOURCES**

Complete the following information for your annual budget. (12 months)

Estimate amounts if not known.

	<u>Self</u>	<u>Partner</u>
22. Salaries, wages and tips (after taxes)	\$ _____	\$ _____
23. Assistantship	\$ _____	\$ _____
24. Traineeship	\$ _____	\$ _____
25. Internship	\$ _____	\$ _____
26. G.I. Bill	\$ _____	\$ _____
27. Other veterans benefits	\$ _____	\$ _____
28. Fellowship	\$ _____	\$ _____
29. Tuition Waiver	\$ _____	\$ _____
30. Tuition and fee waiver	\$ _____	\$ _____
31. Scholarships	\$ _____	\$ _____
32. Grants	\$ _____	\$ _____
33. Loans	\$ _____	\$ _____
34. Social Security	\$ _____	\$ _____
35. Div of Vocational Rehab benefits	\$ _____	\$ _____
36. A.F.D.C.	\$ _____	\$ _____
37. Other public aid benefits	\$ _____	\$ _____
38. Child or other support payment	\$ _____	\$ _____
39. Income tax refunds	\$ _____	\$ _____
40. Support (parents, guardians or trusts)	\$ _____	\$ _____
41. Other resources (specify)	\$ _____	\$ _____
TOTAL RESOURCES	\$ _____	\$ _____

(Note: Information in this application will be submitted to the Office of Student Financial Aid and used to determine eligibility for this award program.)

Do you agree to have this application submitted for eligibility for additional award programs if applicable?

\_\_\_\_\_ Yes \_\_\_\_\_ No

The above statements are true and accurate to the best of my knowledge.

---

Signature

Date