

University of Florida

Student Science Training Program

Center for Precollegiate Education and Training (CPET)
 PO Box 112010, Yon Hall Room 334 Gainesville, FL 32611-2010
 Office: (352) 392-2310 Fax: (352) 392-2344



FINANCIAL AID APPLICATION FOR UF-SSTP

Students who have a need for financial aid in order to attend the UF-SSTP may apply by completing and returning this form by **April 13, 2009**. Aid requests will be evaluated on the basis of the applicant's financial need, **the amount of funds available for scholarships this year, and the criteria set by the donor**. We anticipate granting a total of 10 partial (up-to-\$500) scholarships and 12 full scholarships. The University of Florida will hold in confidence all information submitted. This form must be completed fully. Incomplete forms will not be processed.

This form is to be filled out by the parent or guardian.

PART A - Student Information

1. Student's Name _____
2. Home Address _____

Street
City
State
Zip
3. Ethnic Origin: African American Asian or Pacific Islander Hispanic
 American Indian/Alaskan Native Caucasian Other: _____
4. My son/daughter may not be able to attend the UF-SSTP unless he/she receives:
 \$500 \$1000 \$1500 \$2000 \$2500 \$3500 in financial aid

PART B - Parents' Household

5. Parents' marital status _____
6. Parents' occupation: Father _____ Mother _____
7. Please give information in the table below on all dependents in parents' household.

Education Information 2008 / 2009					
Name	Age	Year in School	Cost of Tuition, room, board	Scholarships, grants, loans	Parent(s) Contribution

PART C - Parents' and Student's Income

8. Parents' adjusted gross income: For 2007 _____ Estimated for 2008 _____

PART D - Explanation and Special Circumstances (statement of need for aid to be filled out by parent or guardian)

9.

Parent/Guardian: Due to limited funding, only a small number of students will receive financial aid. Therefore, you are strongly encouraged to initiate fund raising efforts in your community. Call CPET for additional information.

PART F - Certification

10. All the information on this form is true and complete to the best of my knowledge. Upon request, I will submit a copy of my federal income tax form to the University of Florida. I understand that my son/daughter may not receive any funding for this program.

Mother / Guardian

Father / Guardian

Date
