

STUDENTS AND TEACHERS AS RESEARCH SCIENTISTS

A SIX-WEEK SUMMER SESSION

SPONSORED BY

PFIZER INC.

LMI AEROSPACE INC./D3 TECHNOLOGIES

OFFICE OF THE CHANCELLOR-UMSL

SAINT LOUIS UNIVERSITY

WASHINGTON UNIVERSITY

SOLAE COMPANY

GREEN FOUNDATION

APPLICATION FOR FINANCIAL AID

SUBMIT WITH STUDENT APPLICATION

I. BACKGROUND INFORMATION

A. APPLICANT'S NAME: _____
LAST FIRST MIDDLE

B. PERSONAL DATA

CURRENT GRADE LEVEL: _____

ETHNIC BACKGROUND (OPTIONAL): AFRICAN-AMERICAN NATIVE AMERICAN OR ALASKAN ASIAN OR PACIFIC ISLANDER
 HISPANIC WHITE, NON-HISPANIC OTHER _____

SOCIAL SECURITY NUMBER: _____

NAME(S) OF PARENT(S) OR GUARDIAN(S): _____

C. ADDRESS

HOME: _____ PHONE: _____
STREET CITY ZIP CODE

SCHOOL NAME: _____ PHONE: _____

SCHOOL ADDRESS: _____
STREET CITY ZIP CODE

II. FINANCIAL AID INFORMATION

A. DO YOU CURRENTLY HOLD A JOB? YES NO SALARY \$ _____ /WEEK

EMPLOYER? _____ ADDRESS: _____ PHONE: _____

HOW MANY HOURS PER WEEK DO YOU WORK NOW? _____ HOURS

B. DO YOU HAVE A JOB LINED UP FOR SUMMER? YES NO SALARY \$ _____ /WEEK

EMPLOYER? _____ ADDRESS: _____ PHONE: _____

HOW MANY HOURS PER WEEK DO YOU NEED TO WORK THIS SUMMER? _____ HOURS

C. IS THE WORK MANDATORY FOR FINANCIAL REASONS? YES NO

IF SO, HOW MUCH DO YOU EXPECT TO CLEAR THIS SUMMER? \$ _____

D. AT WHAT MONETARY LEVEL ARE YOU SEEKING FINANCIAL AID FOR THE PROGRAM THIS SUMMER? \$ _____

E. WOULD YOUR NEED FOR A JOB PREVENT YOU FROM ATTENDING THE STARS PROGRAM? YES NO

F. ON THE SECOND PAGE PLEASE STATE WHY YOU ARE APPLYING FOR SUMMER FELLOWSHIP AND GIVE YOUR REASON FOR THE NEED.

STATEMENT OF FINANCIAL NEED:

SIGNATURE OF STUDENT

DATE: _____

SIGNATURE OF PARENTS OR GUARDIAN

DATE: _____