

INVST Community Leadership Program Scholarship Application



Name of Applicant: _____ **Age:** _____

Current address (street, city, state, zip): _____

Phone (Home): _____ (Cell): _____

Email: _____

How many people (including yourself) will you be supporting this year? _____

Are you a full time student? YES NO

1. Determination of Dependent or Independent Status

(a) Did your parents/guardians provide 50% or more of your support (food, clothing, housing, education, etc.) in the past year?

YES They provided _____% of my support

NO They provided only _____% of my support

(b) Did your parents/ guardians claim you as a dependent on their last income tax return? (Circle one)

YES NO

If you answered YES to either of the above questions, then INVST considers you a DEPENDENT.

Therefore you must fill out a FAFSA form (www.fafsa.ed.gov) instead of this form.

If you answered NO, then you may complete this form and turn it in.

2. Estimate of Need:

Summer Program Application Fee (\$1500 per summer)	+ \$	
Maximum student can provide:	- \$	
Maximum from other sources:	- \$	
Parents or guardians:	- \$	
Other:	- \$	
Estimated Need:	=	

3. Applicant's (and Spouse/Partner's) Annual Income:

Did you file a U.S. income tax return last year? YES NO

If yes, please make a copy of the last 1040 form you filed and enclose it with your completed application.

Please fill out the following pertaining to the last calendar year.

Annual income earned from work by you.....	+\$	
Annual income earned from work by your spouse/ partner	+\$	
Other sources of funds from investments, trusts, gifts, etc	+\$	
Specify source: _____	+\$	
	=	

Total Income:

4. Applicant's (and Spouse/Partner's) Annual Expenses:

Housing (rent, mortgage).....	\$	
Living Expenses (utilities, food, clothing).....	\$	

Medical and dental expenses not paid by insurance.....	\$	_____
Tuition.....	\$	_____
Dept payments: Auto.....	\$	_____
Credit cards.....	\$	_____
Loans.....	\$	_____
Other (child care, entertainment, etc)	\$	_____
Specify: _____	\$	_____
	=	_____
Total Expenses:		_____

5. During the past year, have you been enrolled at CU or another college or university?

- [] Yes
 [] No

If yes, provide details of any financial aid you may have received.

Merit Scholarship	\$	_____
College Grant	\$	_____
Stafford GSL	\$	_____
Pell Grant	\$	_____
State Grant	\$	_____
Other Scholarship	\$	_____
SEOG Grant	\$	_____
Perkins/NDSL Loan	\$	_____
Other Loan	\$	_____

6. Use an additional sheet of paper to:

- A) Outline your plan for meeting the expenses of the INVST CLP. What expenses do you anticipate and how do you plan to meet them? What additional sources of financial assistance have you explored?
- B) Explain any unusual expenses, additional sources or decreases in income, travel expenses and/or special or changing circumstances. If you have reported expenses which exceed your income, please explain.

I understand that INVST Community Studies will be relying on the information provided above in deciding to grant or not grant me a scholarship, or waive the Summer Program Activity Fees. All the information provided by me is true and complete to the best of my knowledge.

Applicant's Signature: _____ Today's Date _____

Please attach the most recent copy of your 1040 to this application and deliver to:

Mailing Address:
 INVST Community Studies
 471 UCB
 Boulder, CO 80309-0471

Physical Address:
 INVST Community Studies
 1201 17th St. IBS 5 Suite 11

Main Office Phone:
 303.492.7719

Thank you for applying to the INVST Community Leadership Program!

