OPTIONAL
FINANCIAL AID REQUEST

To be completed by parent or legal guardian **only** if you wish to be considered for financial aid. **All** information requested must be provided.

Indicate what type of aid you rae seeking by checking the selection which applies to you
_____ Secondary Student Training Program Fee Financial Aid

Please indicate the amount you are seeking with a brief explanation. Amount

Explanation _____

_____

Name of parent or guardian: _____

Current marital status: Single Married Separated Divorced Widowed

Number of family members _____ Students in college _____

Father/guardian's current occupation _____

Mother/guardian's current occupation _____

2007 Income of father/guardian* _____

2007 Income of mother/guardian* _____

2007 Income of student _____

***A copy of the parent/guardian's 2007 income tax return (or an estimate) is necessary to make an eligibility determination. Those sending an estimate must provide a copy of the actual tax return by May 1, 2008.**

All information is accurate to the best of my knowledge. Signature of parent or guardian:

Signature _____ Date _____

THIS INFORMATION WILL BE KEPT CONFIDENTIAL

Please return this form along with the other application materials to:

Iowa SSTP
The University of Iowa
E203 Seashore Hall
Iowa City, IA 52242