Financial Need Form

Former Faculty Scholarship – MSW (Graduate)

Please complete this form and return with application materials to: % Kate Kemp, Program Administrator, University of Iowa, School of Social Work, Room 308 North Hall, Iowa City, Iowa 52242-1223

Application Deadline: Wednesday, April 15, 2015

Name: ______________________________________ Student ID#: _______________________

Current Address: ________________________________________________________________

Phone: ___________ _______________ (home) ___________ _______________ (work)

1. Estimated dollar amount of personal income for the current academic year: ______________

2. Estimated dollar amount of college expenses (living, tuition, books, etc.) that you are personally responsible for during this academic year:
   _____________________________________________________________________________
   _____________________________________________________________________________

3. Number of dependents you are responsible for (excluding yourself): _____

4. To date, have you been awarded any grants, scholarship, stipends, and /or loans:
   Yes____ No ____
   If yes, please indicate the source and amount:
   _____________________________________________________________________________
   _____________________________________________________________________________

Estimated dollar amount of present indebtedness for educational loans: ________________

*The School of Social Work requests this information for the purpose of evaluation financial scholarship applications. Persons outside the School are not routinely provided this information except for directory information, such name and local address.*