



Kingsborough Community College
2001 Oriental Boulevard
Brooklyn, NY 11235
Financial Aid Office

APPLICATION FOR SCHOLARSHIP FOR DISADVANTAGED STUDENTS (SDS)

TO BE CONSIDERED FOR SDS

- YOU MUST FILE A FREE APPLICATION FOR FEDERAL STUDENT AID (FAFSA).
FINANCIAL AID MUST BE PROCESSED
MUST BE A FULL-TIME STUDENT
MUST BE IN THE NURSING PROGRAM
DEADLINE FOR FALL 2012 SEMESTER WILL BE NOVEMBER 30TH

DOCUMENTS TO SUBMIT

- Application for scholarship for disadvantaged students (SDS)
You (the student) explain any circumstances in your background that you believe made it difficult for you to obtain the knowledge, skill and abilities required to enroll in and graduate from a nursing program.
Both parents' 2011 federal income tax return
Proof of Public assistance, Food stamps, Medicaid, TANF or Section 8 Housing (If applicable)
If you are claiming independence from parents, submit copies of your 2009, 2010 & 2011 federal income tax return

SECTION A - Student's Information (Please print)

1. Last Name First Name SS#
2. Primary residence address City State ZIP
3. High School that you graduated from: Location
4. Number of Credits registered for: Fall Winter Spring Summer
5. I have received a GED YES NO If YES please provide proof of GED
6. Do you receive any public assistance? YES NO If YES please provide proof of public assistance
7. Do you receive: (check all that apply) YES NO Food Stamps Medicaid; TANF
Section 8 housing

SECTION B - Parents' Information - You must provide information for both parents regardless of their marital status. You may be asked to submit documentation verifying your parents' income and family size. Parents' income will be used to determine a student's eligibility for economically disadvantages in all cases except in those cases where the student is at least 24 years old and has not been listed as a dependent on his or her parents income tax for past 3 years (2009, 2010 & 2011)

1. Father Name: Mothers Name:
Father lives in: City/Area State Mother lives in: City/Area State
2. Parents Marital Status: Single Married Divorced
Separated *Widowed (*If widowed please provide the death certificate)
My parents filed a joint Tax return My parents files separate tax returns My parents do not file taxes

Other criteria used to determine scholarship eligibility is membership in one of the traditionally under- represented groups attending higher education institutions. Please indicate your ethnic origin/race below.

<u>Race/Ethnicity</u>	<u>Check one</u>
a. Hispanic/Latino	<input type="checkbox"/>
b. Non-Hispanic/Non-Latino	<input type="checkbox"/>
c. American Indian/Alaskan Native	<input type="checkbox"/>
d. Asian - all	<input type="checkbox"/>
e. Asian Underrepresented	<input type="checkbox"/>
f. Black or African American	<input type="checkbox"/>
g. Native Hawaiian or Other Pacific Islander	<input type="checkbox"/>
h. White	<input type="checkbox"/>
i. More than one race	<input type="checkbox"/>
j. Others - _____	<input type="checkbox"/>

Academic Year 2012-2013 Scholarships for Disadvantaged Students (SDS) Application

Affidavit of Application Accuracy and Agreement

By signing this statement I agree to the following: To the best of my knowledge the information I have provided in this application is true and accurate. If asked, I will provide proof of accuracy of any response I have indicated in this application. If I receive this scholarship, I understand I must and will enroll as a full-time student in the department to which I have been admitted. I will continue to be enrolled as a full-time student If I fail to abide by all parts of this statement I will relinquish this scholarship immediately.

Signature of Applicant

Date

Print Name of Applicant