

**FINANCIAL AID  
FORM**

# Kopernik Student Financial Aid Form

All information is confidential

## I. Parent/Student Data

A. Student Name _____	Soc. Sec. # _____	Phone _____
Address _____	City/State/ZIP _____	
Names and ages of other siblings living at home: _____		
Father's Name _____	Mother's Name _____	
Address _____	Address _____	
Phone (h) _____ (w) _____	Phone (h) _____ (w) _____	
Occupation _____ Annual Income _____	Occupation _____ Annual Income _____	
Married _____ Separated _____ Divorced _____	Married _____ Separated _____ Divorced _____	
<b>B. Is this student eligible at his/her school for: Free Lunch _____ Reduced Lunch _____ Other _____</b>		
If Other (explain) _____		

## II. Resources

A. Student bank account balance	_____
B. Parents IRS 2007 gross adjusted income	_____
C. Other non-taxable income	_____
D. Do you rent _____ or own _____ a house?	Estimated Value _____

## III. Financial Aid Request

A. Title of Course for which aid is requested _____	Class Fee _____
List date and session you are applying for _____	
B. What amount are you financially able to contribute to the program fee?	_____
C. Total amount of Financial Aid you are requesting	_____
D. Other sources where the student may seek aid: _____	
<b>E. On the back of this sheet please write one or two paragraphs explaining the need for financial aid.</b>	

**This form must be completed in full to be considered for financial aid. Thank you.**

I certify that all information provided is correct: Signed \_\_\_\_\_ Date \_\_\_\_\_  
Parent/Guardian

**Return To: Attn: Kristen Gordon, Kopernik Observatory, 698 Underwood Road, Vestal, NY 13850**  
**Questions Call: 607-748-3685 Email: info@kopernik.org**