

## **Student Tuition Assistance Application (2024-25)**

Eligibility for financial assistance is based on the Federal Guidelines for Low-Income Families.

Applicant Information:			
Student Name:	High Sc	High School:	
Parent Name: or legal guardian	Phone:	Email:	
Household Family Size:	Adjusted G	Gross Income:	
Required Documentation:			
<ul> <li>The 1040 Federal Income Tax</li> <li>Personal statement (under 500 and why you are applying for a</li> </ul>	O words) - please provide a s	tatement describing your financial situa	tion
If you do not have this docume	ntation, please email <mark>supal</mark>	billing@syr.edu for further instruction	ns.
N	Nail or email completed app	plication to:	
40	Syracuse University Project 00 Ostrom Avenue, Syracuse Phone: (315) 443-24 Email: supabilling@syr	e, NY 13244 404	
Please note that no request for assi necessary to fill out one applicatior		out the proper documentation. It is only	
This application is also located at su	ıpa.syr.edu/tuition-assistanc	ce	
-	yracuse University Project A	rue and accurate. I hereby give permission devance information pertinent to verify the second	
Signature of Applicant or Pa	rent/Guardian	Date	
FOR OFFICE USE ONLY			
Approval: OR Award	:%		
Date Notified:			