Dear Parent or Guardian:

Thank you for your interest in the Summer Institute for the Gifted (SIG) financial assistance program. Applications will be reviewed in the order received. Families are encouraged to apply early to increase their chance for consideration. The last day to submit a financial aid application is March 1st, 2020. After this date, applicants will go on a wait list and will only be notified if funds become available.

**Please Note:** Financial Assistance applications will **only** be considered for students who have applied and been accepted to a SIG program for the summer of 2020. Returning students must submit a new application and new documentation each year.

Each year, the requests for assistance far exceed the amount of funds SIG has available for students. Funds are allocated based on demonstrated financial need and vary by campus. Unfortunately, we are **NOT** able to provide financial assistance to all applicants. Financial assistance is not guaranteed to any applicant and is distributed at the sole discretion of the Summer Institute for the Gifted. Awards are not transferable to another program or future year participation.

Financial assistance awards serve as the final payment on your account and are not applied to your account until all other fees are paid. Following the submission of your application for assistance, you must continue to adhere to the SIG payment schedule as outlined in our catalog while you are awaiting our decision. Non-payment of fees may result in a forfeiture of financial assistance.

All financial assistance recipients will be notified of the type and amount of award by email within one month of our receipt of the application.

Each SIG campus is allocated a specific amount of funding based on enrollment and therefore only a select group of applicants will receive assistance per campus. The amount awarded is based on a careful review of all applications and a sliding scale is used to determine awards based on income, expenses, special circumstances, etc. Please contact SIG with any information regarding a foundation or charity in your area that would be interested in contributing to a local scholarship fund.

Please email the following application and documentation to: financialassistance@giftedstudy.org or fax to (203) 399-5201.
# Summer Program Financial Assistance Application

Student's Name _________________________________     SIG ID#: __________________

SIG Program Applying for: _________________________________

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**Applicant Lives with:** □ Both Parents  □ Parent 1  □ Parent 2  □ Other

**Check all that apply:** Indicate whose financial information appears on this form:

□ Parents separated or divorced  □ Parent 1  □ Parent 2

□ One parent unable to work  □ Legal Guardian  □ Other Adult  □ One parent deceased

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**Parent / Guardian 1 Occupation** _______________        **Employer** _______________________

**Parent / Guardian 2 Occupation** _______________        **Employer** _______________________

**Income Tax Filing Status:** □ Married (Jointly)  □ Married (Separate)  □ Single  □ Head of Household

**How many children reside in your home and/or receive support from you _______**

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**Total Taxable Income – Before Deductions:**

Income from Parent 1 $ ________________

Income from Parent 2 $ ________________

Income from dividends and interest $ ________________

Other Income (pension, rent, trusts, social security, etc.) $ ________________

**Total Income** $ ________________

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**As supporting documentation* to verify this information I am submitting the following:**

□ Copy of latest tax return (required)

□ Copy of W-2 form(s)(supplemental)

□ Reduced / Free lunch eligibility (supplemental)

□ Other: ____________________________________________________________________________

*If documents contain Social Security numbers, black out before sending to SIG.

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**Assets**

<table>
<thead>
<tr>
<th>Cash on hand $</th>
<th>Real estate value $</th>
<th>Investments value $</th>
<th>Other assets $</th>
</tr>
</thead>
</table>

**Debts**

<table>
<thead>
<tr>
<th>Mortgage $</th>
<th>Other loans/Debt $</th>
<th>Credit card Debt $</th>
</tr>
</thead>
</table>

**Total Assets** $ ________________  **Total Debt** $ ________________
Would you be willing to attend an alternate campus if doing so increased your chances of receiving financial assistance?

☐ Yes  ☐ No  Name of Alternative Campus: _____________________________

Funds Available for Tuition this Summer

From Parent’s, Stepparent’s, & Other Adult’s Income & Assets $ ________________________
From Relatives, Friends, Trusts $ ________________________
From State, Federal or other sources $ ________________________

Maximum Amount of Tuition that you are able to Pay $ ________________________
Minimum Amount of Financial Assistance you are Requesting $ ________________________

Are there any special circumstances on which you would like to comment?

I understand that all information submitted will be kept confidential and only will be used for determining eligibility for financial assistance or any available scholarships. I understand that SIG may contact me to request additional information should I qualify for financial assistance. I certify that all information that is provided on the application is true and correct to the best of my knowledge. I understand that the application is being made in connection with the request for financial assistance, that SIG may verify information, and that deliberate misrepresentation of information will void application.

Parent / Guardian__________________________________ Date ______________________

1 High Ridge Park, Stamford, CT 06905
866.303.4744 | 203.399.5000 | Fax: 203.399.5201 | www.giftedstudy.org