

Governor's School of South Carolina at the College of Charleston

Financial Aid Application

This form must be completed by the student's parent(s) or legal guardian(s). To be considered for financial assistance, please do the following:

Complete all sections of this Financial Aid Application

Attach a copy of the signed 2007 (or 2006) Federal Income Tax Return (i.e. 1040); do not include a W-4

Student's Name Last name First Middle

Address Street Number and Name or Post Office Box Apartment Number City State Zip Code Home Telephone Number

Name of High School

Student's Place of Employment # Hrs/Week Hourly Rate

List all in your household including applicant:

Table with 3 columns: NAME, AGE, RELATIONSHIP to APPLICANT

Parental status: Father is deceased Parents are separated Mother is deceased Parents are divorced

Student lives with: Both Parents Mother Father Other (Specify)

How many children do you have in elementary/middle/high school? Do you pay tuition?

How many children do you have in college? Do you pay college tuition?

Please indicate below any extenuating circumstances that you feel would assist the committee in evaluating and assessing your need (use additional pages if necessary):

Mother's Full Name or Legal Guardian (with title; ie., Ms., Dr., Rev., etc.) \_\_\_\_\_

Home Address \_\_\_\_\_  
(Write SAME if same address as applicant) City State Zip + 4

Home Phone (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_ E-Mail Address \_\_\_\_\_

Employer \_\_\_\_\_  
Occupation and Title \_\_\_\_\_

Work Phone (\_\_\_\_) \_\_\_\_\_ Monthly take home pay (after taxes) \_\_\_\_\_

Father's Full Name or Legal Guardian (with title; ie., Mr., Dr., Rev., etc.) \_\_\_\_\_

Home Address \_\_\_\_\_  
(Write SAME if same address as applicant) City State Zip + 4

Home Phone (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_ E-Mail Address \_\_\_\_\_

Employer \_\_\_\_\_  
Occupation and Title \_\_\_\_\_

Work Phone (\_\_\_\_) \_\_\_\_\_ Monthly take home pay (after taxes) \_\_\_\_\_

**2007 non-wage income (Use average MONTHLY amounts)**

Social Security: Father \$ \_\_\_\_\_ Mother \$ \_\_\_\_\_ Each child \$ \_\_\_\_\_  
Veterans benefits: Father \$ \_\_\_\_\_ Mother \$ \_\_\_\_\_ Each child \$ \_\_\_\_\_  
Child support: \$ \_\_\_\_\_ Welfare benefits \$ \_\_\_\_\_ Alimony \$ \_\_\_\_\_ Retirement \$ \_\_\_\_\_  
Other (Explain) \_\_\_\_\_

Total household income for the year 2007 \$ \_\_\_\_\_

What were your non-reimbursed, out of pocket medical and dental expenses for the past 12 months? \$ \_\_\_\_\_

If you had any emergency expenses during the past 12 months, such as alimony, fire or storm damage, funerals, etc. explain and give amount of debt.

How much of the \$1,000 do you feel you could pay? \$ \_\_\_\_\_

How much of the \$1,000 do you feel your daughter/son could pay? \$ \_\_\_\_\_

The information provided in this Financial Aid application is true and complete to the best of our knowledge. We further understand that this information will remain confidential.

Mother/Guardian 1 Signature \_\_\_\_\_ Date \_\_\_\_\_

Father/Guardian 2 Signature \_\_\_\_\_ Date \_\_\_\_\_

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Mail or fax application and Federal Income Tax Return by January 31, 2008

Governor's School of South Carolina at the College of Charleston  
6 Green Way 2nd floor  
Charleston, SC 29424  
Fax: (843) 953-1824

Questions? Call (843) 953-6592 or send an e-mail message to [guvie@cofc.edu](mailto:guvie@cofc.edu)