

LCC Foundation-Alternate Financial Need Form for Women/Diversity Scholarships

NOTE: This form is to be used only for students applying for Women's or Diversity Scholarships who are ineligible to complete a FAFSA. All others must submit their FAFSA by the scholarship deadline to be considered for awards requiring proof of financial need. Print out a copy of this form and answer all questions. Scan a copy of your completed form as an Adobe PDF file (other file formats will not be accepted). Upload this file into the "Attach Documents" section of your STARS Online Scholarship Application.

Please give the reason you are ineligible to complete a FAFSA _____

STUDENT INFORMATION

What is your name: _____

What is your marital status: Single Divorced Married Separated Widowed

Are you listed as a dependent for tax purposes by your parent(s) or guardian? Yes No

What is your total income from last year? _____

If you are married, what is your spouse's total income for last year? _____

How many people are in your household? _____

List the names/age and relationship of the dependents who receive more than 1/2 of their support from you.

Name: _____ Age: _____ Relationship _____

Name: _____ Age: _____ Relationship _____

Name: _____ Age: _____ Relationship _____

Name: _____ Age: _____ Relationship _____

Name: _____ Age: _____ Relationship _____

Name: _____ Age: _____ Relationship _____

PARENTAL INFORMATION

You must provide parental information unless one of the following applies to you:

- You were older than 24 at the end of last year.
- You are married.
- You have children who receive more than half of their support from you.
- Both of your parents are deceased.
- You are or were a ward/dependent of the court until age 18.
- You are a veteran.

If your parents are divorced or separated, provide information for the parent you lived with more during the past 12 months, or the parent who has provided the most financial support recently. If that parent is remarried, provide information about your stepfather or stepmother also.

Parent's Name (Father/Guardian/Stepfather): _____

Marital status: Single Divorced Married Separated Widowed

Parent's Name (Mother/Guardian/Stepmother): _____

Marital status: Single Divorced Married Separated Widowed

Parent's total estimated income: _____

List the names/age and relationship of the dependents who receive more than 1/2 of their support from your parents.

Name: _____ Age: _____ Relationship _____

Name: _____ Age: _____ Relationship _____

Name: _____ Age: _____ Relationship _____

Name: _____ Age: _____ Relationship _____

Name: _____ Age: _____ Relationship _____

Name: _____ Age: _____ Relationship _____