

**CLARK FAMILY MENTAL HEALTH AND DISABILITIES SCHOLARSHIP
FINANCIAL NEED STATEMENT
2009-10 ACADEMIC YEAR**

Name of Applicant: _____

Date Completed: _____

School: _____

Degree: _____

Anticipated Graduation Date: _____

PROJECTED COST OF ATTENDANCE

Indicate the financial expenses for the term(s) you will be attending.	Summer '09	Fall '09	Winter '09-'10	Spring '10	ANNUAL TOTAL
Number of Credit Hours					0
Cost per Credit Hour					
Total Tuition Cost	-	-	-	-	-
Books					-
TOTAL COST FOR YEAR					#REF!

SOURCES OF FUNDING

	ANNUAL TOTAL
Contribution by Student	
Contribution by Student's Family	
Employer Contribution	
Other scholarships – please provide names	-
Scholarship:	
Scholarship:	
Student Loans (actual or estimated)	-
Loan Type:	
Loan Type:	
Federal/State Aid (actual or estimated)	
Other contributions – please provide sources:	
TOTAL AVAILABLE FUNDS	-
GAP IN FUNDING (difference between source of funding and projected cost)	#REF!

AMOUNT OF REQUEST TO CLARK FAMILY	
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CURRENT AMOUNT OF OUTSTANDING STUDENT LOANS	
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Please justify in two sentences your need for this scholarship:

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