The original documents are located in Box 12, folder "Financial Aid" of the Norman Ross Files, 1974-75 at the Gerald R. Ford Presidential Library.

Ed Blankstein -
Princeton (609) 924-3877
THE WHITE HOUSE
WASHINGTON Here 223-2603

Food Stamps mtg w/ Damgaard 12/17

- Control
- Welfare Agency to pick up
- Money to where it is not needed.

House Dems push efforts to have them working

Finance and offices

COLLEGE SCHOLARSHIP SERVICE OF THE COLLEGE ENTRANCE EXAMINATION BOARD

FAS

FINANCIAL AID STATEMENT

School Year 1974-75

The CSS Financial Aid Statement (FAS) is intended to provide parents and students with a low-cost and rapid central need analysis service. You should *not* complete this form if you have already filed a *Parents' Confidential Statement* or a *Student's Financial Statement* in connection with an application for financial aid for the 1974-75 school year at the postsecondary school or college you plan to attend (or are attending).

GENERAL INFORMATION

College Scholarship Service (CSS). The CSS, an activity of the College Entrance Examination Board, provides services designed to evaluate families' financial ability to contribute to the cost of postsecondary education.

The CSS first reviews the information on the FAS and then prepares an analysis for the postsecondary institution or agency designated. For dependent students, this analysis includes parents' and student's income, expenses, assets, and liabilities. For self-supporting students, the income, assets, and liabilities of the student and his or her spouse (if any) are analyzed. The information provided on the FAS is confidential and is sent only to the postsecondary institution specifically designated in item 9. Financial aid is not awarded by the CSS; rather, the awards and amounts are decided by each postsecondary institution. Thus, application forms and any additional information not reportable on the FAS should be sent directly to the postsecondary school, college, or lending agency and *not* to the CSS.

Completeness of the FAS. It is important that you provide accurate and complete information on the FAS. Failure to do so may delay processing and affect your request for financial aid. All applicants must complete questions 1 through 13 of the FAS.

When Parents' Information is Required. Your answers to FAS questions 11, 12, and 13 determine whether your parents' information must be reported. If you are in doubt about supplying parents' financial information, consult the financial aid administrator at your postsecondary school or college. When parents' information is required, it should be reported in Section D.

If Both Parents are Deceased. If both your parents are deceased, check "No" to questions 11, 12, and 13. Then complete Section E, questions 37 through 49, on Side 2.

If You are Self-Supporting. If your answers are "No" to all three questions in Section C of the FAS (11, 12, and 13), you are considered to be a self-supporting student, and as such you must complete Section E, questions 37 through 49, on Side 2.

Special Family Circumstances. If parents' information is required, and your parents are separated or divorced, the FAS should be completed by the parent (and present spouse, if any) who has custody of you.

If other special family circumstances exist, write directly to the postsecondary school or college explaining the nature of the special circumstances. Do *not* write explanations on the FAS, or attach separate sheets of paper to it, since the CSS will not routinely forward them to the postsecondary school or college.

Changes in Family Circumstances. If family circumstances change after the FAS has been submitted, write a letter to, or visit, the financial aid administrator at your chosen postsecondary school or college. Some schools and colleges may require you to file another FAS that reflects the changes in circumstances.

More Than One Choice, or Change of Choice, of Postsecondary School or College. If you wish to apply for financial aid at more than one school or college, you must complete a separate FAS for each. Also, if you change your choice of school or college after filing your FAS, you must complete another FAS for each additional school.

Fees. For each FAS that you complete, enclose $2.50. Please make check or money order payable to "CSS." Please do not send cash. Any FAS received without the proper fee will be returned.

Where to Send Your Completed FAS. After you complete the FAS, send it with the $2.50 fee to College Scholarship Service, Box 2700, Princeton, NJ 08540.

INSTRUCTIONS FOR COMPLETING SIDE 1

GENERAL INSTRUCTIONS

It is important that all applicable items on the FAS be completed. This will help avoid delay in processing.

- Please print in ink or type all information.
- Enter amounts in dollars and cents. Do not leave any items blank; enter a zero (0) if the item asks for a dollar amount that does not apply to you. Do not use words such as "Unknown," "None," or "Same."
- Be certain to enter each response in the proper area. Do not make entries outside of boxes. For example, if parents' income is $10,150.23, enter this amount in the appropriate boxes as follows: |$10,150|23|
- Be certain to sign and date the FAS.
- The following individual item instructions are provided to assist you in completing the FAS properly.

Section A – Student's Information

7b. Enter the number of *other* dependents the student (or student's spouse) claimed on his or her 1973 U.S. income tax return (from line 6d of IRS form 1040 or 1040A).

Section D – Parents' Financial Statement

17a. Enter the number of children claimed as exemptions by parents on their 1973 U.S. income tax return(s) (from line 6c of IRS form 1040 or 1040A). If no tax return was filed, enter the number of children supported. If mother is the only parent in the family, enter the number of all dependent children whether or not they are considered exemptions for tax purposes.

17b. Enter the number of *other* dependents claimed as exemptions by parents on their 1973 U.S. income tax return(s) (from line 6d of IRS form 1040 or 1040A).

19. If parents filed separate U.S. income tax returns for 1973, enter the sum of both adjusted gross incomes for 1973.

20. If the income in item 19 was earned by both parents, enter that portion which was earned by the spouse.

21. Do not include income already reported in item 19. Enter the sum of the following incomes parents received during 1973.
    - Social security benefits — except those received for education by either the student applicant or other children in the household; report student's social security benefits for education in item 35 of Section D only.
    - Welfare benefits — include amounts received through Aid to Families with Dependent Children and other similar programs.
    - Child support — for all children.
    - Other — include all income not specified above, such as unemployment compensation, gifts, inheritances, bequests, military subsistence and quarters allowances, allotments, untaxed portions of pensions, income from tax-free municipal bonds, untaxed capital gains, and aid from friends or relatives.

22. If parents filed separately, enter the sum of all U.S. income taxes paid for 1973. Residents of Puerto Rico, Guam, American Samoa, the Virgin Islands, and Trust Territories of the Pacific Islands should enter the amount of taxes paid for 1973 to their respective governments.

24. If parents itemized deductions on their 1973 U.S. income tax return(s), enter the sum of lines 2 and 6 from IRS Schedule A, form 1040. If parents used standard deductions or did not file 1973 U.S. income tax return(s), enter an estimate of all medical and dental expenses including medical insurance premiums. Do not include medical and dental expenses covered by insurance.

25. Include such emergency or unusual expenses as payments for alimony, child support, uninsured natural disasters, termite control, unreimbursed tuition for parents' education, nursing-home care, funerals, legal fees, water, street, and sewer assessments (installation only). Do not include any other types of expenses.

32. Include such indebtedness from 1973 or before as past medical and dental bills, remaining business indebtedness if business is now dissolved, personal loan for down payment on home, and so forth. Do not include any other types of debts outstanding.

33. Enter the total income, after deducting federal and state taxes, *of the dependent student and student's spouse* (if any) for the period indicated. Do *not* include the student's social security benefits or veterans GI benefits (if any), or any financial aid received or to be received during 1974-75.

34. Enter the sum of the dependent student's and spouse's (if any) savings and checking accounts, endowments, trusts, inheritances, and investments.

DETACH ALONG PERFORATION BEFORE MAILING

DO NOT WRITE IN THIS AREA.

SIDE 1

FINANCIAL AID STATEMENT

COLLEGE SCHOLARSHIP SERVICE OF THE COLLEGE ENTRANCE EXAMINATION BOARD

School Year 1974-75

Do not send this form after June 1, 1975.

Read instructions for all circled items and refer to your 1973 U.S. income tax return(s) as you complete this form.

A STUDENT'S INFORMATION

1. STUDENT'S NAME — LAST NAME | FIRST NAME | MIDDLE INITIAL
DO NOT WRITE IN ANY SHADED AREAS.
3. SEX — 1 ☐ Male 2 ☐ Female
2. STUDENT'S PERMANENT MAILING ADDRESS — NUMBER AND STREET; CITY | STATE ABBREVIATION | ZIP CODE
4. BIRTH DATE Use numbers only. — MONTH | DAY | YEAR
5. SOCIAL SECURITY NUMBER
REFER TO LIST OF POSTAL SERVICE ABBREVIATIONS ON SIDE 2.

6. STUDENT'S MARITAL STATUS Check one only. — 1 ☐ Married 2 ☐ Single 3 ☐ Divorced, separated, or widowed

7. IF STUDENT IS MARRIED OR HAS DEPENDENTS, answer (a), (b), and (c).
(a) Number of dependent children ▶
(b) Number of other dependents (See instructions for 7b.) ▶
(c) Number of dependent children in tuition-charging elementary or secondary school in 1974-75 ▶

8. STUDENT'S YEAR IN POSTSECONDARY SCHOOL DURING 1974-75: 1 ☐ 1st YEAR (freshman) 2 ☐ 2nd YEAR (sophomore) 3 ☐ 3rd YEAR (junior) 4 ☐ 4th or 5th YEAR (undergraduate) 5 ☐ Graduate/professional

B POSTSECONDARY SCHOOL OR COLLEGE

9. NAME OF POSTSECONDARY SCHOOL OR COLLEGE to which the analysis of this financial statement should be sent: (Abbreviate institution name, if necessary.)

10. MAILING ADDRESS OF POSTSECONDARY SCHOOL OR COLLEGE NAMED ABOVE: REFER TO LIST ON SIDE 2. ▶
NUMBER AND STREET | CITY | STATE ABBREVIATION | ZIP CODE

C STUDENT'S STATUS

11. Did or will student live with parents for more than two consecutive weeks during 1973, 1974, or 1975? 1 ☐ YES 2 ☐ NO

12. Was (or will) the student (be) listed as an exemption on parents' U.S. income tax return during 1973, 1974, or 1975? 1 ☐ YES 2 ☐ NO

13. Did or will student receive $600 or more of financial support from parents during 1973, 1974, or 1975? 1 ☐ YES 2 ☐ NO

IF YOU ANSWERED YES TO ANY QUESTIONS (11, 12, and/or 13), COMPLETE SECTION D AND SIGN BELOW. DO NOT COMPLETE SECTION E ON REVERSE SIDE.

OR: IF YOU ANSWERED NO TO ALL QUESTIONS (11, 12, and 13), CHECK HERE ▶ ☐ AND THEN SKIP TO SECTION E ON REVERSE SIDE. (Do not complete Section D.)

D PARENTS' FINANCIAL STATEMENT

14. NAME OF PARENT COMPLETING THIS SECTION — LAST NAME | FIRST NAME | MIDDLE INITIAL | AGE

15. SEX OF PARENT named in 14 — 1 ☐ Male 2 ☐ Female

16. PRESENT STATUS OF PARENT named in 14 Check one only. — 1 ☐ Married 2 ☐ Divorced, separated, widowed, or single

17. SIZE OF PARENTS' HOUSEHOLD
(a) Number of dependent children (See instructions for 17a.) ▶
(b) Number of other dependents (See instructions for 17b.) ▶
(c) Number of dependent children (including student) in postsecondary school or college in 1974-75. ▶
(d) Number of dependent children in tuition-charging elementary or secondary school in 1974-75. ▶

PARENTS' INCOME AND EXPENSES

18. DID PARENTS FILE A JOINT U.S. INCOME TAX RETURN FOR 1973? 1 ☐ YES 2 ☐ NO

	1973	CENTS
19. IRS ADJUSTED GROSS INCOME (from line 15 of IRS form 1040 or line 12 of 1040A) ▶	$	
20. IF BOTH PARENTS WORKED IN 1973, enter SPOUSE'S salaries and wages before taxes	$	
21. NONTAXABLE INCOME (social security, welfare, child support, etc. See instructions.) ▶	$	
22. TOTAL U.S. INCOME TAX PAID (from line 18 of IRS form 1040 or line 19 of 1040A) ▶	$	
23. TOTAL STATE INCOME TAX PAID ▶	$	
24. MEDICAL and/or DENTAL EXPENSES (See instructions.) ▶	$	
25. EMERGENCY EXPENSES (See instructions.) ▶	$	

PARENTS' ASSETS AND LIABILITIES

	PRESENT VALUE	CENTS	UNPAID MORTGAGE OR DEBTS	CENTS
26. HOME ▶	$		$	
27. OTHER REAL ESTATE ▶	$		$	
28. INVESTMENTS (stocks, bonds, etc.) ▶	$		$	
29. BUSINESS OR FARM ▶	$		$	
30. PERCENT OWNERSHIP of business or farm ▶	%			
31. CASH, SAVINGS ACCOUNTS, CHECKING ACCOUNTS as of this date ▶	$			
32. OTHER DEBTS (See instructions.) ▶			$	

STUDENT'S INCOME, ASSETS, AND BENEFITS

▶ IF STUDENT ANSWERED NO TO ALL ITEMS IN SECTION C, SKIP TO SECTION E ON REVERSE SIDE. Otherwise, complete items 33-36.

		CENTS
33. STUDENT'S TOTAL SALARIES AND WAGES (after taxes) to be earned between 7/1/74 and 6/30/75 (See instructions.) ▶	$	
34. STUDENT'S CURRENT ASSETS (See instructions.) ▶	$	
STUDENT'S MONTHLY EDUCATIONAL BENEFITS (to be received between July 1, 1974 and June 30, 1975)		
35. (a) Social Security benefits PER MONTH ▶	$	
(b) NUMBER OF MONTHS to be received ▶		
36. (a) Veterans benefits PER MONTH ▶	$	
(b) NUMBER OF MONTHS to be received ▶		

CERTIFICATION AND AUTHORIZATION

We declare that the information reported on this form, to the best of our knowledge, is true, correct, and complete. We authorize transmittal of information on this form to the recipient named in Item 9 and its use by the CSS as described under "General Information." We agree that, to verify information reported on this form, the CSS or the named recipient may request or obtain an official photostatic copy of our latest U.S. income tax return. We further agree to provide, if requested, any other official documentation necessary to verify information reported on this form.

FATHER'S SIGNATURE

MOTHER'S SIGNATURE

DATE COMPLETED STUDENT'S SIGNATURE

- ENCLOSE A CHECK OR MONEY ORDER FOR $2.50 payable to: CSS
- MAIL YOUR COMPLETED STATEMENT TO: CSS, Box 2700, Princeton, NJ 08540

Section E (below) is to be completed only if the student answered NO to all three questions in Section C (items 11, 12, and 13).

Read instructions for circled items (below) as you complete this side.

SIDE 2

E SELF-SUPPORTING STUDENT'S FINANCIAL STATEMENT

INCOME OF STUDENT AND SPOUSE

	JULY 1, 1974 THROUGH JUNE 30, 1975	CENTS
37. STUDENT'S GROSS SALARIES AND WAGES (before taxes) to be earned between July 1, 1974 and June 30, 1975 →	$	
38. SPOUSE'S GROSS SALARIES AND WAGES (before taxes) to be earned between July 1, 1974 and June 30, 1975 →	$	
(39) OTHER TAXABLE INCOME for the period July 1, 1974 through June 30, 1975 (See instructions.) →	$	
(40) NONTAXABLE INCOME AND BENEFITS (except those reported in items 48 and 49) for the period July 1, 1974, through June 30, 1975 (See instructions.) →	$	

ASSETS AND LIABILITIES OF STUDENT AND SPOUSE

	PRESENT VALUE	CENTS	UNPAID MORTGAGE OR DEBTS	CENTS
41. HOME →	$		$	
42. OTHER REAL ESTATE →	$		$	
43. INVESTMENTS (stocks, bonds, etc.) →	$		$	
44. BUSINESS OR FARM →	$		$	
45. PERCENT OWNERSHIP of business or farm →	%			
46. CASH, SAVINGS ACCOUNTS, CHECKING ACCOUNTS as of this date →	$			
(47) OTHER DEBTS (See instructions.) →			$	

STUDENT'S MONTHLY EDUCATIONAL BENEFITS (to be received between July 1, 1974 and June 30, 1975)

48. (a) Social Security benefits PER MONTH →	$	
(b) NUMBER OF MONTHS to be received →		
49. (a) Veterans benefits PER MONTH →	$	
(b) NUMBER OF MONTHS to be received →		

INSTRUCTIONS FOR COMPLETING SIDE 2

39. Other Taxable Income: Enter all taxable income not reported in items 37 and 38. Include dividends, interest, alimony received, estate or trust income, business or farm net profit, rental or property income, appreciation or capital gains, pensions, annuities, and endowments.

40. Nontaxable Income and Benefits: Include income and benefits such as social security payments not specifically designated for education, child support, welfare, income tax refunds, gifts, inheritances, bequests, military subsistence and quarters allowances, allotments, aid from friends or relatives, and the estimated value of free housing, food, and services. Also include any benefits from Vocational-Rehabilitation, Manpower Development, War Orphans, or other similar types of assistance programs. Do not include benefits reported in items 48 and 49 or any amounts received through grants, scholarships, fellowships, loans, work-study, or other student financial aid programs.

47. Include such indebtedness as unpaid medical and dental bills incurred before July 1, 1974, past business indebtedness if business is now dissolved, personal loan for down payment on home, educational loans of the spouse, and so forth. Do *not* include bills for normal living expenses, mortgages on home and other real estate, business or farm indebtedness, or previously incurred educational loans of the applicant.

CERTIFICATION AND AUTHORIZATION

We declare that the information reported on this form, to the best of our knowledge, is true, correct, and complete. We authorize transmittal of information on this form to the recipient named in Item 9 and its use by the CSS as described under "General Information." We agree that, to verify information reported on this form, the CSS or the named recipient may request or obtain an official photostatic copy of our latest U.S. income tax return. We further agree to provide, if requested, any other official documentation necessary to verify information reported on this form.

Signature of SELF-SUPPORTING STUDENT

Signature of STUDENT'S SPOUSE (if any)

▲ DATE COMPLETED ▲

- ENCLOSE A CHECK OR MONEY ORDER FOR $2.50 PAYABLE TO: **CSS**
- MAIL YOUR COMPLETED STATEMENT AND FEE TO:

College Scholarship Service
Box 2700
Princeton, NJ 08540

DETACH ALONG PERFORATION BEFORE MAILING.

POSTAL SERVICE APPROVED ABBREVIATIONS FOR STATES AND TERRITORIES

Alabama AL	Georgia GA	Massachusetts MA	New York NY	Tennessee TN
Alaska AK	Hawaii HI	Michigan MI	North Carolina NC	Texas TX
Arizona AZ	Idaho ID	Minnesota MN	North Dakota ND	Utah UT
Arkansas AR	Illinois IL	Mississippi MS	Ohio OH	Vermont VT
California CA	Indiana IN	Missouri MO	Oklahoma OK	Virginia VA
Canal Zone CZ	Iowa IA	Montana MT	Oregon OR	Virgin Islands VI
Colorado CO	Kansas KS	Nebraska NE	Pennsylvania PA	Washington WA
Connecticut CT	Kentucky KY	Nevada NV	Puerto Rico PR	West Virginia WV
Delaware DE	Louisiana LA	New Hampshire NH	Rhode Island RI	Wisconsin WI
District of Columbia DC	Maine ME	New Jersey NJ	South Carolina SC	Wyoming WY
Florida FL	Maryland MD	New Mexico NM	South Dakota SD	

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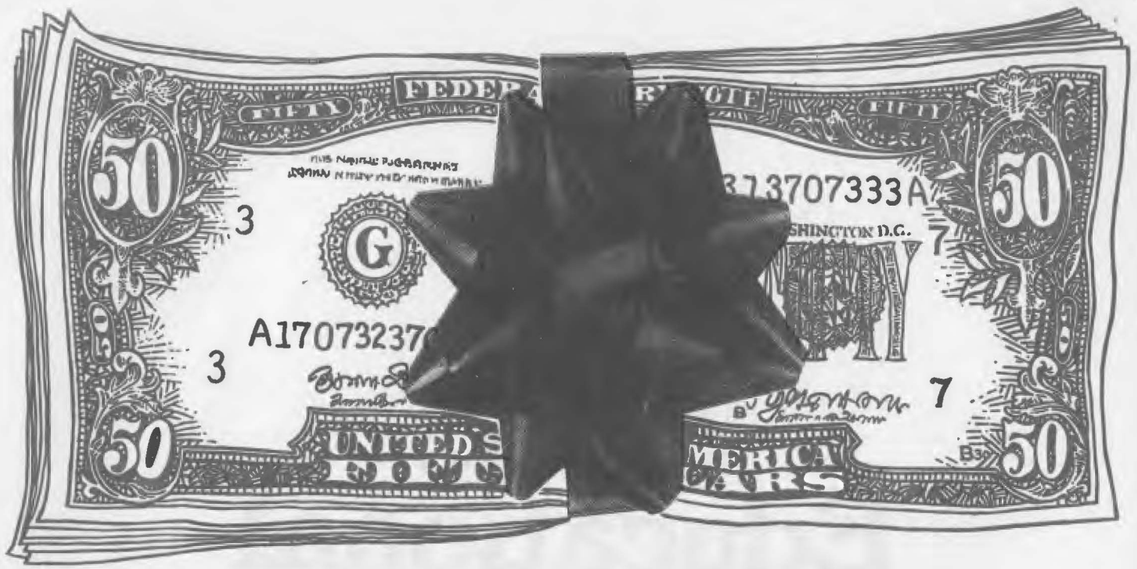
Application 1974-75

Basic Educational Opportunity Grant Program

Look into Basic Grants



GENERAL INFORMATION

The Basic Educational Opportunity Grant Program is a Federal aid program designed to provide financial assistance to those who need it to attend post-high school educational institutions. Basic Grants are intended to be the "floor" of a financial aid package and may be combined with other forms of aid in order to meet the full costs of education. The amount of your Basic Grant is determined on the basis of your own and your family's financial resources.

You will be eligible for a grant if you meet several important criteria:

1. You have established your financial need by means of the BEOG application.
2. You began or will begin your post-high school education after April 1, 1973. If you have taken college courses while still attending high school or if you were enrolled in a remedial program before April 1, 1973, you are still eligible to apply for a Grant.
3. You will be enrolled in an eligible program at an *eligible* college, university, vocational or technical school, and you will be attending on a full-time basis.
4. You are a U.S. Citizen or are in the United States for other than a temporary purpose and intend to become a permanent resident or are a permanent resident of the Trust Territories of the Pacific Islands.

The Basic Educational Opportunity Grant Award is a grant and, unlike a loan, does not have to be repaid. It is estimated that during the 1974–75 academic year the awards will range between $50 and $800.

HOW TO APPLY

First, you should complete the application for determination of eligibility and send it in the envelope you received with these materials. Do not send money; your application will be processed free of charge.

Within four weeks you should receive a *Student Eligibility Report* (SER) which will indicate the results of your application.

The SER should be submitted to the Student Financial Aid Office at the institution in which you plan to enroll, where the amount of your Basic Grant will be calculated.

ADDITIONAL INFORMATION

If you need assistance in completing this form, contact the guidance counselor at your local high school or your student financial aid officer.

If you do not receive a response to your application within six weeks, you can write: BEOG, Box 1842, Washington, D.C. 20013. Be sure to include your name, address, and social security number.

For those applicants whose financial circumstances have changed significantly since 1973 (for instance, due to the unemployment or death of a parent), it may be possible to file a Supplemental form together with the application. This form will be available from your financial aid officer or by writing: BEOG, Box 2468, Washington, D.C. 20013.

Financial assistance may also be available to you through your State. In order to assist States having scholarship or other financial aid programs, the results of the computation of your Basic Grant "eligibility index" may be released to your State scholarship agency. The result will be released only to states with which the Office of Education has agreements to protect the confidentiality of this information. The data released to these State agencies will only be used to help you in obtaining the financial aid necessary to finance your post-high school education and training.

Instructions

It is important that you read the instructions while completing the form. If the form is completed correctly, your application can be processed without unnecessary delay.

Every attempt has been made to include only those questions that are absolutely necessary. All information will, of course, be treated confidentially.

TO COMPLETE THE APPLICATION FORM:

—PLEASE REMOVE THE APPLICATION FORM CAREFULLY BEFORE COMPLETING IT.

—PLEASE PRINT ALL INFORMATION IN BALL-POINT PEN OR IN INK.

—AS YOU ENTER INFORMATION ON THIS APPLICATION, PLACE ONLY ONE LETTER OR NUMBER IN EACH SMALL BOX:

EXAMPLE: | 1 | 2 | 4 | 8 | S | M | A | I | N | S | T | |

—ENTER AMOUNTS IN DOLLARS; OMIT CENTS. **DO NOT LEAVE DOLLAR ITEMS BLANK; ENTER A ZERO (0) IF THE ITEM DOES NOT APPLY TO YOU.** DO NOT USE WORDS SUCH AS "UNKNOWN," "NONE," OR "SAME."

—SEND THE COMPLETED FORM TO:
BEOG PROGRAM
BOX 2264
WASHINGTON, D.C. 20013

SECTION A—*APPLICANT INFORMATION*

1–3. Enter the appropriate information. Your social security number must be provided in order to process the application.

4. If you have made a preliminary decision about the school or college you will most likely be attending during the 1974–75 academic year, enter its name and address. If you have not yet decided on a particular school, you may leave this item blank. Use abbreviations as necessary.

5–6. Enter the appropriate information. Use abbreviations when necessary. The State Code for addresses is printed at the right.

7. If you are single, without dependents, omit question 7.

If you are married or have dependents, read both *a* and *b* below:

a. Enter the total size of your household. Include yourself, spouse and children who are dependent on you for more than half their support. Also include other persons who are related to you or living with you *and* for whom you provide more than half their support. If you are divorced or separated, do not include your spouse.

b. Enter the number of persons listed in item 7a above who will be attending post-high school educational institutions during the 1974–75 academic year. Include only those who will be attending on at least a half-time basis. Do not include family members who will be enrolled in elementary, junior high or high school during the 1974–75 academic year.

8. Enter the appropriate information.

State Code:	
Ala.	01
Alaska	02
Ariz.	04
Ark.	05
Calif.	06
Colo.	08
Conn.	09
Del.	10
D.C.	11
Fla.	12
Ga.	13
Hawaii	15
Idaho	16
Ill.	17
Ind.	18
Iowa	19
Kans.	20
Ky.	21
La.	22
Maine	23
Md.	24
Mass.	25
Mich.	26
Minn.	27
Miss.	28
Mo.	29
Mont.	30
Nebr.	31
Nev.	32
N.H.	33
N.J.	34
N.Mex.	35
N.Y.	36
N.C.	37
N. Dak.	38
Ohio	39
Okla.	40
Oreg.	41
Pa.	42
Puerto Rico	43
R.I.	44
S.C.	45
S.Dak.	46
Tenn.	47
Tex.	48
Utah	49
Vt.	50
Va.	51
Wash.	53
W. Va.	54
Wisc.	55
Wyo.	56

If your place of residence is not included above, enter 99 and write the name of the country or territory above the item on the form

SECTION B—*PARENT INFORMATION*

NOTE: Whenever the term "parent" is used, this means your mother or father or any person who provides, or did provide, more than half your support. If your parents are separated or divorced, only information which applies to the parent who provides the largest amount of your support should be submitted.

9–11. Enter the appropriate information.

12. Enter the total size of your parents' household. Include yourself, parents, and children who are dependent on your parents for more than half their support. Also include other persons who are related to your parents or living with them *and* for whom they provide more than half their support.

13. Enter the number of persons listed in item 12 above who will be attending post-high school educational institutions during the 1974–75 academic year. Include only those who will be attending on at least a half-time basis. Do not include family members who will be enrolled in elementary, junior high or high school during the 1974–75 academic year.

SECTION C—*APPLICANT STATUS*

14. If you lived with your parent(s), or plan to do so, during 1973, 1974, or 1975, check YES for the appropriate years. You would check YES if you lived at home for any period of more than two consecutive weeks during that year.

15. If you were or will be listed as an exemption on your parents' Federal Income Tax Return for 1973, 1974 or 1975, check YES for the appropriate years.

16. If you received or expect to receive more than $600 in financial assistance from your parent(s) in 1973, 1974, or 1975, check YES for the appropriate years. Included under financial assistance are such items as room and board for periods you lived at home, clothes, medical and dental care, cash gifts, and cost of education. Estimate the value of such items in determining whether you received more than $600 in financial assistance from your parents.

IMPORTANT

If you checked YES **for any year for any question** (14, 15 or 16) in Section C, please complete **only** Section D, and sign. Instructions for Section D begin on this page.

If you checked NO for **all** years and **all** questions (14, 15 and 16) in Section C, please complete **only** Section E, and sign. Instructions for Section E begin on page 4.

SECTION D

Please complete items 17 thru 31 together with your parents, since they must supply the needed information on income, expenses, and assets. If your parents are separated or divorced, only information which applies to the parent who provides the largest amount of your support should be submitted.

NOTE: If your parents are residents of Puerto Rico, the Virgin Islands, Guam, American Samoa, or the Trust Territories and they filed an Income Tax Return with that Government in 1973, they should enter the information that corresponds to that requested in the items below.

Please enter zeroes for those items that do *not* apply to you or your parents. All figures should be entered in dollars; *omit cents.*

Enter $320.18 this way: | | | 3 | 2 | 0 | .00

Enter $1,851.14 this way: | | 1 | 8 | 5 | 1 | .00

Enter $10,972.77 this way. | 1 | 0 | 9 | 7 | 2 | .00

INCOME

17. Enter the number reported on line 7 of Federal Income Tax Return form 1040, or line 7 of form 1040A. If your parents are married and filed separately, enter the sum of their exemptions.

18. Enter the amount listed on line 15 of 1973 Federal Income Tax Return form 1040, or line 12 of form 1040A. If parents are married and filed separately, enter the sum of their Adjusted Gross Incomes. If your parents have not filed a Return for 1973 but will do so, enter the amount to be listed as Adjusted Gross Income. If your parents did not have to file a Return for 1973, enter a zero.

19. Enter that portion of item 18 that was earned through employment by: (a) father and (b) mother. Include only wages, salaries, and other income from employment that would be reported on a W–2 form. Do **not** include such income as alimony, dividends, or interest.

20. Enter the sum of the following types of other income your parent(s) received during 1973 (do not include any income already reported in item 18 above):

- **a.** All Social Security benefits *except* those received for the applicant or educational benefits received by other members of the household; report applicant's Social Security benefits only in item 29.
- **b.** All veterans benefits *except* those received for the applicant or educational benefits received by other members of the household; report applicant's veterans benefits for education (G.I. Bill or War Orphans' and Widows Education Assistance) in item 30.
- **c.** Welfare benefits—include amounts received through Aid to Families with Dependent Children and other similar programs.
- **d.** Child support received for those children included in item 12 above.
- **e.** Other—include any other income received in 1973 that was not subject to Federal Income Tax. Examples of such income are: interest on tax-free municipal bonds, untaxed portions of pensions, untaxed portions of capital gains, military subsistence and quarters allowances and untaxed earned income.

Do **not** include any amounts received from student aid programs such as educational loans, work-study programs, or scholarships.

21. Enter the amount of tax reported on line 18 of Federal Income Tax form 1040 or line 19 of form 1040A of Return(s) filed by your parent(s) whose income was reported in item 18 above. If parents have not filed a Return for 1973, but will do so, enter an estimate of the tax paid. Do **not** copy tax withheld on W–2 form. If they did not have to file a Return for 1973, enter a zero.

22. If your parents itemized their deductions on their 1973 Federal Income Tax Return, enter the sum of lines 2 and 6 from Schedule A, form 1040. If your parents took a standard deduction or did not have to file a Return for 1973, enter the amount of their household's medical expenses

from the following list (do not include the amount of medical and dental expenses covered by insurance):

a. Payments for medicines, prescription drugs, and vaccines.
b. Payments to hospitals, doctors, dentists, and nurses.
c. Payments for false teeth, eyeglasses, medical and surgical aids.
d. Payments for ambulance service and other travel costs necessary to get medical care.

23. If your parents itemized their deductions on their 1973 Federal Income Tax Return, enter the amount reported on line 29 of Schedule A (form 1040). If your parents took a standard deduction or did not have to file a Return for 1973, determine the amount of each loss, not covered by insurance, due to theft or property lost or damaged by fire, storm, car accident, shipwrecks, etc. Subtract $100 from the amount of each loss. Total the net amount of each of these losses and enter this sum.

NOTE: for a complete description of the expenses for items 22 and 23, see Instructions for form 1040 for Federal Income Tax Return.

ASSETS

NOTE: In completing items 24–27, do **not** report any asset more than once.

24. a. Enter the estimated *present* market value of your parents' home.
b. Enter the amount of *present* unpaid mortgage or related debts on that home.

25. a. Enter the sum of the estimated present market value of other real estate your parents own (report farm and business only in items 26 and 27 below) and the total market value of your parents' investments, including stocks, bonds, and other securities.
b. Enter the sum of the amount of present unpaid mortgage or related debts on that real estate and the amount of debts against your parents' investments.

26–27. a. Enter the market value of your parents' business or farm (including value of buildings, machinery, etc.). Do not include home if it was listed in item 24.
b. Enter the amount of unpaid mortgage or related debts on the business or farm. If parents own *part* of a business (farm), enter only the value of *their* share of the business (farm), and only *their* share of unpaid mortgage.

28. Enter the appropriate amount.

APPLICANT

29. a. Enter the amount of benefits *per month* you expect to receive between July 1, 1974 and June 30, 1975. Include only those Social Security benefits that *you* receive because *you* are or will be a student. If you do not know this amount, you may obtain this information from the Social Security Administration's District Office which services your claim.
b. Enter the number of months you expect to receive Social Security educational benefits between July 1, 1974 and June 30, 1975.

30. a. Enter the amount of the benefits *per month* you expect to receive between July 1, 1974 and June 30, 1975, as part of the Veterans Educational Assistance—G.I. Bill Program. Also include the amount *per month* you expect to receive under the War Orphans' and Widows' Education Assistance Program. Include only those amounts that *you* receive because *you* are or will be a student.
b. Enter the number of months you expect to receive veterans educational benefits between July 1, 1974 and June 30, 1975.

31. Enter the sum of your *present* savings and the present net value of your other assets, including investments, real estate, inheritances, and trust funds. Do not include your automobile, stamp or coin collection, or other personal property or any amounts received through educational loans.

Please check again to make sure every item has been completed, and that zeroes have been entered for those items that do not apply to you or your parents.

You and your parent(s) should read the final statement carefully and sign in the appropriate places. Applications which are not signed will be returned.

SECTION E

Please complete items 32 through 45 and sign the statement at the bottom. Items apply to *both* you and your spouse *unless* you are separated or divorced.

NOTE: If you are a resident of Puerto Rico, the Virgin Islands, Guam, American Samoa, or the Trust Territories and filed an Income Tax Return with that government in 1973, you should enter the information that corresponds to that requested in the items below.

Please enter zeroes for those items that do **not** apply to you (or your spouse). All figures should be entered in dollars; **omit cents.**

Enter $320.18 this way:			3	2	0	.00
Enter $1,851.14 this way:		1	8	5	1	.00
Enter $10,972.77 this way:	1	0	9	7	2	.00

INCOME

32. Enter the number reported on line 7 of Federal Income Tax Return form 1040 or line 7 of form 1040A. If you and your spouse are married and filed separately, enter the sum of your exemptions.

33. Enter the amount reported on line 15 of 1973 Federal Income Tax Return form 1040, or line 12 of form 1040A. If you and your spouse are married and filed separately, enter the sum of your Adjusted Gross Incomes. If you have yet to file a Return for 1973 but plan to do so, enter the amount to be listed as Adjusted Gross Income. If neither you nor your spouse had to file a Return for 1973, enter a zero. Do not include any income received as the result of employment provided by student aid programs.

34. Enter that portion of item 33 that was earned through employment by: (a) applicant and (b) spouse. Include only wages, salaries, and other income from employment that would be reported on a W–2 form, except any income received as the result of employment provided by student aid programs. Do **not** include such income as alimony, dividends, or interest.

35. Enter the sum of the following types of income you or your spouse received during 1973 (do not include any income you reported in item 33):
   a. All Social Security benefits *except* those you received or educational benefits received by other members of your household; report your Social Security educational benefits only in item 44.
   b. All veterans benefits *except* those you received or educational benefits received by other members of your household; report your veterans benefits for education (G.I. Bill and War Orphans' and Widows' Education Assistance) in item 45.
   c. Welfare benefits—include amounts received through Aid to Families with Dependent Children and other similar programs.
   d. Child support received for those children included in item 7a above.
   e. Other—include any other income received in 1973 that was not subject to Federal Income Tax. Examples of such income are: military subsistence and quarters allowances, untaxed portions of pensions, untaxed portions of capital gains, income from tax-free municipal bonds, and untaxed earned income.

Do **not** include any amounts received from student aid programs such as educational loans, work-study programs, or scholarships.

36. Enter the amount of tax reported on line 18 of Federal Income Tax Return form 1040 or line 19 of form 1040A. If you and your spouse filed separately, enter the sum of your Federal Income Taxes paid. If you have not filed a Return for 1973 but will do so, enter an estimate of the tax to be paid. Do **not** copy tax withheld on W–2 form. If you and your spouse did not have to file a Return for 1973, enter a zero.

37. If you and your spouse itemized your deductions on your 1973 Federal Income Tax Return, enter the sum of lines 2 and 6 from Schedule A (form 1040). If you and/or your spouse took a standard deduction or did not have to file a Return for 1973, enter the amount of your household's medical expenses from the following list (do not include the amount of medical and dental expenses covered by insurance):
   a. Payments for medicines, prescription drugs, and vaccines.
   b. Payments to hospitals, doctors, dentists, and nurses.
   c. Payments for false teeth, eyeglasses, medical and surgical aids.
   d. Payments for ambulance service and other travel costs necessary to get medical care.

38. If you and your spouse itemized your deductions on your 1973 Return, enter the amount reported on line 29, Schedule A (form 1040). If you and/or your spouse took a standard deduction or did not have to file a Return for 1973, determine the amount of each loss, not covered by insurance, due to theft or property lost or damaged by fire, storm, car accident, shipwrecks, etc. Subtract $100 from the amount of each loss. Total the net amount of each of these losses and enter the sum.

NOTE: for a complete description of the expenses for items 37 and 38, see instructions for Federal Income Tax Return form 1040.

ASSETS

NOTE: In completing items 39–42, do **not** report any asset more than once.

39. a. Enter the estimated *present* market value of your home.
   b. Enter the amount of *present* unpaid mortgage or related debts on that home.

40. a. Enter the **sum** of the estimated present market value of other real estate you may own (report farm and business only in items 41 and 42 below) **and** the total market value of your investments, including stocks, bonds, and other securities.
   b. Enter the **sum** of the amount of present unpaid mortgage or related debts on that real estate **and** the amount of debts against your investments.

41–42. a. Enter the market value of your business or farm (including value of buildings, machinery, etc.). Do not include home if it was listed in item 39.
   b. Enter the amount of unpaid mortgage or related debts on your business or farm. If you own *part* of a business (farm), enter only the value of *your* share of business (farm), and only *your* share of unpaid mortgage.

43. Enter the appropriate amount. Do **not** include any amounts received through educational loans.

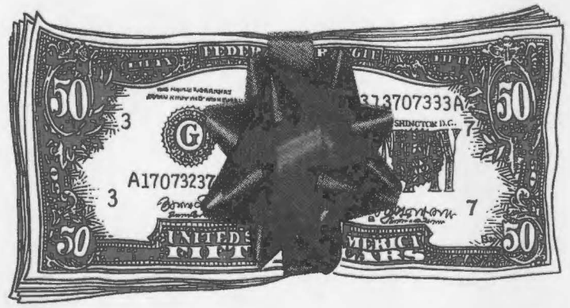
APPLICANT

44. a. Enter the amount of benefits *per month* you expect to receive between July 1, 1974 and June 30, 1975. Include only those Social Security benefits that *you* receive because *you* are or will be a student. If you do not know this amount, you may obtain this information from the Social Security Administration's District Office that services your claim.
   b. Enter the number of months you expect to receive Social Security educational benefits between July 1, 1974 and June 30, 1975.

45. a. Enter the amount of the benefits *per month* you expect to receive between July 1, 1974 and June 30, 1975 as part of the Veterans Educational Assistance—G.I. Bill Program. If you do not know this amount, contact your local Veterans Administration office. Also include the amount *per month* you expect to receive under the War Orphans' and Widows' Education Assistance Program. Include only those amounts that *you* receive because *you* are or will be a student. Do *not* include your spouse's veterans benefits for education.
   b. Enter the number of months you expect to receive veterans educational benefits between July 1, 1974 and June 30, 1975.

Please check again to make sure every item has been completed, and that zeroes have been entered for those items that do not apply to you or your spouse.

Please read the final statement carefully. You should sign in the appropriate place, along with your spouse. Applications which are not signed will be returned.



If you are interested in specific information on the method used in determining your Basic Grant Eligibility Index, please write to: BEOG, P.O. Box 2468, Washington, D.C. 20013. Ask for a copy of "Basic Grant Eligibility."

IMPORTANT: You are only eligible for this Program if you have begun your post-high school education after April 1, 1973.

DEPARTMENT OF HEALTH, EDUCATION AND WELFARE
OFFICE OF EDUCATION

OMB NO. 1–RO961
Form approved
FOR OFFICE OF EDUCATION USE ONLY

APPLICATION FOR DETERMINATION OF BASIC GRANT ELIGIBILITY FOR 1974–75 ACADEMIC YEAR

BASIC EDUCATIONAL OPPORTUNITY GRANT PROGRAM

READ INSTRUCTIONS FIRST

A APPLICANT INFORMATION

1. APPLICANT'S SOCIAL SECURITY NUMBER 01 (1-2) ☐☐☐–☐☐–☐☐☐☐ (3-11)

2. APPLICANT'S NAME (17-30) LAST NAME ☐☐☐☐☐☐☐☐☐☐☐☐☐☐ FIRST NAME ☐☐☐☐☐☐☐☐☐☐☐☐ (31-39) MIDDLE INITIAL ☐ (40)

3. (a) Is Applicant: a U.S. Citizen or in the U.S. for other than a temporary purpose and intending to become a permanent resident or a permanent resident of the Trust Territories of the Pacific Islands? 1 ☐ YES 2 ☐ NO (41)

3. (b) APPLICANT'S BIRTH DATE ☐☐ MONTH ☐☐ DAY ☐☐ YEAR (42-47)

4. Applicant's School or College for the 1974–75 Academic Year if such decision has been made. See instructions.

For Office of Education use only ☐☐☐☐☐☐ (48-53)

Please print:

Name of School or College

City State Code

SEE INSTRUCTIONS FOR LISTING OF STATE CODE

5. APPLICANT'S PERMANENT MAILING ADDRESS:

NUMBER AND STREET (54-77) 02 (1-2)

SEE INSTRUCTIONS FOR LISTING OF STATE CODES

CITY (78-95) (96-97) STATE CODE ZIP CODE (98-102)

6. APPLICANT'S MARITAL STATUS: (37) 1 ☐ SINGLE 2 ☐ MARRIED 3 ☐ DIVORCED, SEPARATED, WIDOWED

7. IF APPLICANT IS MARRIED OR HAS DEPENDENTS, ANSWER BOTH (a) AND (b) BELOW:
(a) Total size of Applicant's Household—include applicant, spouse, dependent children, other dependents ☐☐ (38-39)
(b) Number of Members of Household (including applicant) to be in post-high school educational institutions in 1974–75 ☐☐ (40-41)

8. Has applicant attended a college, university, post-high school vocational or technical school at any time before April 1, 1973? ☐ YES ☐ NO (42)

B PARENT INFORMATION

9. NAME OF PARENT LAST NAME FIRST NAME MIDDLE INITIAL

10. ☐☐☐–☐☐–☐☐☐☐ SOCIAL SECURITY NUMBER

11. PARENTS' STATUS: 1 ☐ MARRIED 2 ☐ DIVORCED, SEPARATED, WIDOWED, SINGLE 3 ☐ BOTH DECEASED (43)

12. TOTAL SIZE OF PARENTS' HOUSEHOLD —include applicant, parents, dependent children, other dependents ☐☐ (44-45)

13. NUMBER OF MEMBERS OF HOUSEHOLD (Including applicant) TO BE IN POST-HIGH SCHOOL EDUCATIONAL INSTITUTIONS IN 1974–75 ☐☐ (46-47)

C APPLICANT'S STATUS

YOU MUST ANSWER EACH OF THE FOLLOWING QUESTIONS FOR EACH YEAR.

14. DID OR WILL APPLICANT LIVE WITH PARENTS DURING ---

1973?	1974?	1975?
1 ☐ YES 2 ☐ NO (48)	1 ☐ YES 2 ☐ NO (49)	1 ☐ YES 2 ☐ NO (50)

15. APPLICANT IS, WAS, OR WILL BE LISTED AS AN EXEMPTION ON PARENTS' FEDERAL INCOME TAX RETURN DURING ---

1973?	1974?	1975?
1 ☐ YES 2 ☐ NO (51)	1 ☐ YES 2 ☐ NO (52)	1 ☐ YES 2 ☐ NO (53)

16. DID OR WILL APPLICANT RECEIVE $600 OR MORE IN FINANCIAL ASSISTANCE FROM PARENTS DURING

1973?	1974?	1975?
1 ☐ YES 2 ☐ NO (54)	1 ☐ YES 2 ☐ NO (55)	1 ☐ YES 2 ☐ NO (56)

IF: YOU ANSWERED *YES* FOR *ANY* QUESTION FOR *ANY* YEAR IN SECTION C, COMPLETE ONLY SECTION D ON THE NEXT PAGE, AND SIGN.

OR: IF YOU ANSWERED *NO* FOR *ALL YEARS* AND *ALL QUESTIONS* IN SECTION C, COMPLETE ONLY SECTION E ON THE NEXT PAGE, AND SIGN.

D PARENTS FINANCIAL STATEMENT

PARENT'S INCOME AND EXPENSES

17. TOTAL NUMBER OF EXEMPTIONS CLAIMED ON 1973 FEDERAL INCOME TAX RETURN: ☐☐ (57-58)

	1973
18. ADJUSTED GROSS INCOME *(from line 15 of IRS form 1040, or line 12 of IRS form 1040A)* (59-63)	$ ☐☐☐☐.00
19. ENTER THAT PORTION OF ITEM 18 EARNED THROUGH EMPLOYMENT BY:	
(a) Father (64-68)	$ ☐☐☐☐.00
(b) Mother (69-73)	$ ☐☐☐☐.00
03 (1-2)	
20. OTHER INCOME (Social Security, child support, tax-free bonds, capital gains, welfare, etc.). See instructions (17-21)	$ ☐☐☐☐.00
21. TOTAL FEDERAL INCOME TAX PAID *(from line 18 of IRS form 1040, or line 19 of 1040A)* (22-26)	$ ☐☐☐☐.00
UNUSUAL EXPENSES *(See Instructions)*	
22. MEDICAL and/or DENTAL (27-31)	$ ☐☐☐☐.00
23. CASUALTY or THEFT LOSSES (32-36)	$ ☐☐☐☐.00

PARENTS' ASSETS AND DEBTS

	PRESENT MARKET VALUE a)	UNPAID MORTGAGE OR DEBTS b)
24. HOME (37-48)	$ ☐☐☐☐.00	$ ☐☐☐☐.00
25. INVESTMENTS AND REAL ESTATE *(see Instructions)* (49-60) 04 (1-2)	$ ☐☐☐☐.00	$ ☐☐☐☐.00
26. BUSINESS (12-23)	$ ☐☐☐☐.00	$ ☐☐☐☐.00
27. FARM (24-35)	$ ☐☐☐☐.00	$ ☐☐☐☐.00
28. CASH, SAVINGS ACCOUNTS, CHECKING ACCOUNTS (36-40)	$ ☐☐☐☐.00	

APPLICANT'S SPECIAL EDUCATIONAL BENEFITS
(to be received between July 1, 1974 and June 30, 1975)

29. (a) Social Security benefits PER MONTH $ ☐☐☐.00 (41-43)
(b) NUMBER OF MONTHS ☐☐ (44-45)

30. (a) Veteran's benefits PER MONTH *(G.I. Bill)* $ ☐☐☐.00 (46-48)
(b) NUMBER OF MONTHS ☐☐ (49-50)

APPLICANT'S RESOURCES

31. SAVINGS, OTHER RESOURCES *(See Instructions)* $ ☐☐☐☐.00 (51-55)

"We certify that we have read this application and that it is accurate and complete to the best of our knowledge. We agree to provide, if requested, any documentation, including a copy of our 1973 Federal Income Tax Return, necessary to verify information reported on this form. I understand that the results of the eligibility calculation may be released upon request to appropriate State Student Financial Aid Agencies."

SIGN ▲ APPLICANT ▲ (58) DATE COMPLETED (57-62)

▲ FATHER OR MALE GUARDIAN ▲ (63) ▲ MOTHER OR FEMALE GUARDIAN ▲ (64)

OE FORM 255, 3/73

E APPLICANT'S FINANCIAL STATEMENT

INCOME AND EXPENSES: APPLICANT/SPOUSE

32. TOTAL NUMBER OF EXEMPTIONS CLAIMED ON 1973 FEDERAL INCOME TAX RETURN: ☐☐ (57-58)

	1973
33. ADJUSTED GROSS INCOME *(from line 15 of IRS form 1040, or line 12 of IRS form 1040A)* (59-63)	$ ☐☐☐☐.00
34. ENTER THAT PORTION OF ITEM 33 EARNED THROUGH EMPLOYMENT BY:	
(a) Applicant (64-68)	$ ☐☐☐☐.00
(b) Spouse (69-73)	$ ☐☐☐☐.00
05 (1-2)	
35. OTHER INCOME (Social Security, child support, tax-free bonds, capital gains, welfare, etc.). See instructions (17-21)	$ ☐☐☐☐.00
36. TOTAL FEDERAL INCOME TAX PAID *(from line 18 of IRS form 1040, or line 19 of 1040A)* (22-26)	$ ☐☐☐☐.00
UNUSUAL EXPENSES *(See Instructions)*	
37. MEDICAL and/or DENTAL (27-31)	$ ☐☐☐☐.00
38. CASUALTY or THEFT LOSSES (32-36)	$ ☐☐☐☐.00

ASSETS AND DEBTS: APPLICANT/SPOUSE

	PRESENT MARKET VALUE a)	UNPAID MORTGAGE OR DEBTS b)
39. HOME (37-48)	$ ☐☐☐☐.00	$ ☐☐☐☐.00
40. INVESTMENTS AND REAL ESTATE *(see Instructions)* (49-60) 06 (1-2)	$ ☐☐☐☐.00	$ ☐☐☐☐.00
41. BUSINESS (12-23)	$ ☐☐☐☐.00	$ ☐☐☐☐.00
42. FARM (24-35)	$ ☐☐☐☐.00	$ ☐☐☐☐.00
43. CASH, SAVINGS ACCOUNTS, CHECKING ACCOUNTS (36-40)	$ ☐☐☐☐.00	

APPLICANT'S SPECIAL EDUCATIONAL BENEFITS
(to be received between July 1, 1974 and June 30, 1975)

44. (a) Social Security benefits PER MONTH $ ☐☐☐.00 (41-43)
(b) NUMBER OF MONTHS ☐☐ (44-45)

45. (a) Veteran's benefits PER MONTH *(G.I. Bill)* $ ☐☐☐.00 (46-48)
(b) NUMBER OF MONTHS ☐☐ (49-50)

I (We) certify that I (We) have read this application and that it is accurate and complete to the best of my (our) knowledge. I (We) agree to provide, if requested, any documentation, including a copy of my (our) 1973 Federal Income Tax Return, necessary to verify information submitted on this form. I (We) understand that the results of the eligibility calculation may be released upon request to appropriate State Student Financial Aid Agencies.

SIGN ▲ APPLICANT ▲ (51) ▲ APPLICANT'S SPOUSE ▲ (52) DATE COMPLETED (53-56)

WARNING: ANY PERSON WHO KNOWINGLY MAKES A FALSE STATEMENT OR MISREPRESENTATION ON THIS FORM SHALL BE SUBJECT TO A FINE, OR TO IMPRISONMENT, OR TO BOTH UNDER PROVISIONS OF THE UNITED STATES CRIMINAL CODE

MAIL COMPLETED FORM TO:
BEOG
P.O. BOX 2264
WASHINGTON, D.C. 20013

☆ U.S. GOVERNMENT PRINTING OFFICE: 1974 — 527-519

DEPARTMENT OF
HEALTH, EDUCATION, AND WELFARE
OFFICE OF EDUCATION
WASHINGTON, D.C. 20202

OFFICIAL BUSINESS

POSTAGE AND FEES PAID
U.S. DEPARTMENT OF H.E.W.
HEW-395

TO AVOID DELAYS IN PROCESSING OF *YOUR* APPLICATION –

(1) Be sure the application is completed as requested;
(2) Be sure the form is signed;
(3) Be sure your permanent mailing address is correct on the application;
(4) Enclose only your application form in this envelope.

From _____

_____

_____

PLACE
STAMP
HERE

BASIC EDUCATIONAL OPPORTUNITY GRANT PROGRAM
P.O. Box 2264
Washington, D.C. 20013

FINANCIAL AID APPLICATION

BE CERTAIN TO ANSWER ALL QUESTIONS COMPLETELY

Student Name _____ School Name _____

Course Title _____ Course Length _____

Starting Date _____ Graduation Date _____

Full or half-time course _____ Number of class hours per day _____

Is the student:

1. A high school graduate _____ Enrolled in a GEDT program _____
2. A U.S. citizen _____ Filing intent to become citizen _____
3. Eligible for BEOG award _____ If yes, date BEOG application was mailed _____
   If no, reason for non-eligibility _____
4. Residing with parents during school _____ If not, provide cost information for dorm or apartment _____
5. To be employed during schooling _____
   A. College Work-Study _____ Hours per week _____
   B. Private employment _____ Hours per week _____ Salary _____
   C. If unable to work, please explain _____

If any non-taxable income was entered in Item D21 or E39 on the FAS, please itemize the source(s) and amount(s) of this income _____

_____

PLANNING BUDGET

EXPENSES		RECOMMENDED FUNDING	
Tuition & fees	_____	Expected family contribution	_____
Books & Supplies	_____	Actual payment to tuition	_____
Room & Board	_____	Outside sources of aid	_____
Transportation	_____	1. VA Benefits	_____
Personal	_____	2. Social Security Educational Benefits	_____
Other (explain)	_____	3. Vocational Rehabilitation	_____
		4. Manpower Funds	_____
		5. FISL or other loans	_____
		6. Scholarships or Awards	_____
		7. Other (specify)	_____

NSDL _____
CWS _____
SEOG _____
BEOG _____

Additional Comments: _____
_____
_____

_____ _____

Student's signature

Financial Aid Administrator's Signature