

## BYU CONFERENCES AND WORKSHOPS FINANCIAL AID APPLICATION 2011

The Division of Continuing Education at Brigham Young University has established this financial aid program to assist people in identifying and developing their skills, talents, and abilities. Applicants will be selected primarily on the basis of financial need, while also considering academic potential, character, and the capacity to help others develop their skills, talents, and abilities. Applicants are evaluated, in part, on the potential impact their participation in this program will have on themselves, their family, and others. The amount of granted financial aid will vary according to the need of the participant as determined by the reviewing committee. Aid funds are not distributed as cash awards but are credited to the recipient's program registration.

**Incomplete applications will not be considered.**

### PERSONAL INFORMATION

LAST NAME	FIRST NAME	MIDDLE/MAIDEN NAME	
ADDRESS ( )	CITY ( )	STATE	ZIP CODE
DAYTIME PHONE	EVENING PHONE	BIRTH DATE	
E-MAIL ADDRESS _____			
NAME OF PROGRAM YOU WISH TO ATTEND: _____			

PROGRAM COST: \_\_\_\_\_ AMOUNT REQUESTED: \_\_\_\_\_

**CHECK ALL THAT APPLY:**

(Year in School as of Fall 2010)

- |                                      |   |  |   |
|--------------------------------------|---|--|---|
| <input type="checkbox"/> Male        | <input type="checkbox"/> Single               | <input type="checkbox"/> High School Freshman        | <input type="checkbox"/> Degree-Seeking Undergraduate |
| <input type="checkbox"/> Female      | <input type="checkbox"/> Married              | <input type="checkbox"/> High School Sophomore       | <input type="checkbox"/> College Graduate             |
| <input type="checkbox"/> LDS         | <input type="checkbox"/> Widowed              | <input type="checkbox"/> High School Junior          | <input type="checkbox"/> Degree-Seeking Graduate      |
| <input type="checkbox"/> Other Faith | <input type="checkbox"/> Divorced             | <input type="checkbox"/> High School Senior          | <input type="checkbox"/> Non-Degree Seeking           |
| _____                                | <input type="checkbox"/> High School Graduate | If currently in high school, what is your GPA? _____ |   |

Have you ever been admitted to BYU day school?  Yes  No If so, what years did you attend? \_\_\_\_\_

### FINANCIAL INFORMATION

**LIST ALL SOURCES OF HOUSEHOLD INCOME FOR THE CURRENT YEAR:**

Source	Amount	
_____	_____	Adjusted Gross Income for the year 2010 as reported on your tax return (or your parent's return, if a minor): _____
_____	_____	
_____	_____	
_____	_____	Total number of dependents claimed on your tax return (or your parent's return, if a minor): _____

IF YOU ARE A HIGH SCHOOL STUDENT, ARE YOU WORKING?  Yes  No If yes, how many hours per week? \_\_\_\_\_

### OTHER INFORMATION

Have you *applied for* BYU Continuing Education financial aid in the past?  Yes  No

If yes, when and from which department (Conferences and Workshops, EFY, Independent Study, Bachelor of General Studies, Evening Classes, or Salt Lake Center)? \_\_\_\_\_

Have you *been awarded* BYU Continuing Education financial aid before?  Yes  No Amount \_\_\_\_\_

If yes, when and from which department (Conferences and Workshops, EFY, Independent Study, Bachelor of General Studies, Evening Classes, or Salt Lake Center)? \_\_\_\_\_

## FAMILY SITUATION AND PERSONAL GOALS

Please share any information about your family situation and personal goals that will assist the reviewing committee in determining your degree of need. Please include your responsibility to family, possible support from family, any unusual expenses, and special-needs circumstances that apply. Explain how the financial aid will assist you and how you plan to use your participation in Conferences and Workshops programs to develop your talents and in turn help others. (Please limit your comments to this space.)

By signing this application, I authorize release of my BYU transcript to university administrative officers or other authorized persons for the purpose of determining my eligibility to receive financial aid. I certify that the information on this form is true and complete to the best of my knowledge.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Upon completion of this application, please fax it to (801) 422-0730 or mail or deliver it to:

Summer Educator Workshops  
Financial Aid Reviewing Committee  
169 Harman Continuing Education Building  
Provo, UT 84602-1516

Please be sure to use the name of the program for which you are applying for financial aid in the mailing address (e.g., Summer Scholars, Summer Educator Workshops, Dance Camps, etc.).