

**FINANCIAL AID INFORMATION
(TO BE FILLED OUT BY THE APPLICANT'S PARENT OR GUARDIAN)**

The following information must be filled out of this application to be considered. All information will be held in confidence and used only for the purpose of determining financial need. If you have questions or concerns regarding this application, please contact the Office of Continuing Education at 609-924-7416. You may fax the application to 609-921-6187.

PLEASE TYPE OF PRINT

LAST NAME (FATHER OR GUARDIAN)	FIRST NAME	DAYTIME PHONE
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LAST NAME (MOTHER OR GUARDIAN)	FIRST NAME	DAYTIME PHONE
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STREET ADDRESS	CITY	STATE	ZIP
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FATHER'S EMPLOYER _____

ANNUAL SALARY \$ _____

MOTHER'S EMPLOYER _____

ANNUAL SALARY \$ _____

ADDITIONAL INCOME (E.G. VETERAN'S OR SOCIAL SECURITY BENEFITS, ETC.) _____

IF APPLICABLE: WELFARE NUMBER _____ **MONTHLY AMOUNT** _____

TOTAL ANNUAL FAMILY INCOME \$ _____

NUMBER OF PERSONS SUPPORTED BY THE ABOVE INCOME _____

Parents and scholarship applicant should read and sign in the appropriate places upon agreement of the following:

If given a grant, I agree to attend the program in its entirety and participate fully in all aspects of the camp. I also agree to write a short report about my experience at Westminster. I understand that this report may be shared with the J. Seward Johnson, Sr. Charitable Trusts.

STUDENT SIGNATURE

DATE

AS PARENT OR GUARDIAN OF THE SCHOLARSHIP APPLICANT, I UNDERSTAND AND AGREE TO THE ABOVE CONDITIONS OF THE SCHOLARSHIP. I FURTHER CERTIFY THAT ALL INFORMATION IS CORRECT TO THE BEST OF MY KNOWLEDGE.

PARENT OR GUARDIAN SIGNATURE

DATE

**WESTMINSTER CHOIR COLLEGE OF RIDER UNIVERSITY
OFFICE OF CONTINUING EDUCATION
101 WALNUT LANE - PRINCETON, NJ 08540**