Application for Financial Assistance

“...asking for whatsoever things ye stand in need, both spiritual and temporal; always returning thanks unto God for whatsoever things ye do receive.” --Alma 7:23

Name:_________________________________________ Student ID#:____________________

E-mail:_________________________________________ Semester of Need:_______________

Award notification will be sent to the e-mail provided.

The intent of the scholarship is to provide short-term help to students whose current financial situation resulted from circumstances beyond their control, and who have done all they can to help themselves.

Full-time students in their third semester (or second if no LDS Business College scholarship has been previously received) may apply for financial assistance up to half the cost of tuition. Students may also qualify for an academic scholarship, but the total award amounts will not exceed full tuition.

U.S. citizens and permanent residents must complete the FAFSA to provide critical financial information. (Qualification for a federal award is not required.) International students must provide a copy of their current affidavit of support and the sponsor verification form. It will be noted to the sponsor that this does not guarantee an award but does aid in the award decision.

Note: Priority deadline is two weeks before the end of the current semester. Complete the following at least two weeks prior to the end of the current semester to be considered for an award next semester.

Show your anticipated income and expenses for the semester for which you are applying:

<table>
<thead>
<tr>
<th>Income</th>
<th>Expenses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wages</td>
<td>Tithing</td>
</tr>
<tr>
<td>Grants</td>
<td>Savings</td>
</tr>
<tr>
<td>Loans</td>
<td>Education expenses</td>
</tr>
<tr>
<td>Sponsor</td>
<td>Insurance/medical</td>
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<tr>
<td>Other income</td>
<td>Rent/utilities</td>
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<tr>
<td>Total</td>
<td>Food</td>
</tr>
<tr>
<td>Hours worked per week</td>
<td>Transportation</td>
</tr>
<tr>
<td>Total</td>
<td>Other</td>
</tr>
</tbody>
</table>

I am currently abiding by the LDS Business College Honor Code and Dress and Grooming Standards, and intend to continue to abide by these requirements throughout the duration of my attendance at LDS Business College. I realize that if at any time I fail to do so, my scholarship award may be rescinded. I hereby certify that all statements in this application are complete and true.

_________________________________________  ____________________________
Applicant’s signature  Date
Indicate which of the following conditions contributed to your need at this time:

☐ Significant change in family income (e.g., job loss) or increased personal expenses.
☐ Unforeseen medical expenses in the family.
☐ Your parents do not support your educational goals.
☐ You were raised in a single parent home.
☐ You are the first in your family to attend college or you had not planned on attending college and lack financial support.
☐ Without assistance, you must drop out or reduce your hours below full-time attendance.

Please be as complete as possible in your responses so the committee can better understand the situation which created the need and how you have already attempted to meet the expenses on your own or with family. Attach an additional explanation if necessary.

(1) Explain the condition checked above that generated the need.

(2) How did you attempted to resolve the need on your own and with family members?

(3) How do you intend to become self-reliant and contribute to the cost of your education in the future?
Sponsor Verification Form For Students on an F-1 Visa

You are the sponsor of record for the student listed below. On the listed date, you provided a signed affidavit committing to provide educational resources and/or living expenses for two years of the student’s education at LDS Business College. The student is currently applying for financial assistance. Please explain why your commitment is no longer valid. Completion of this form does not guarantee an award but does aid in the award decision. If you do not provide the student financial assistance, the burden does not shift to the College, and the student may still be required to return home due to lack of funds.

Student Name: __________________________________________________

Date of Previous Affidavit of Financial Support: __________________________

Conditions which resulted in reduced level of support to the student:

________________________________________________________________________

I declare that this document was prepared by me at the request of the student and is accurate and true. I understand that my lack of support does not shift the burden to the College, and the student may be required to return home due to lack of funds.

______________________________________________________________

Parent/Sponsor Signature

Date

______________________________________________________________

E-mail address

Phone

______________________________________________________________

Mailing address

Fax to 801-524-1900; email to Scholarships@ldsbc.edu; or mail to 95 North 300 West, Salt Lake City, UT 84101 USA