

2016 Financial Aid Application Form

Thank you for your interest in applying to the Natural Resources Conservation Academy. The following is your guide to the financial aid application process.

NRCA GOALS

The goal of the NRCA Financial Aid Program is to make the NRCA available to all Connecticut high school students.

PRINT AND COMPLETE AN APPLICATION

Print a financial aid application form from nrca.uconn.edu and complete <u>all</u> fields. Make sure a parent or guardian completes his or her portion of the application and signs it. <u>Incomplete applications may make you ineligible for financial aid.</u>

NEED HELP?

This type of form can be confusing, and though we have done our best to simplify the process, you may still have questions. Please feel free to contact us at nrca@uconn.edu or (860)-486-4917. We are happy to be of assistance and help you fill out the form!

NEED-BLIND ADMISSION

The NRCA conducts "need-blind" admission for all students. This means that students are admitted without considering whether they need financial assistance. We only look at financial aid applications after the student has been admitted.

FREE/REDUCED LUNCH PROGRAM

If you are currently approved for the free/reduced lunch program, submit a copy of your application for free/reduced lunch in place of this financial aid application form. IF YOU SUBMIT A COPY OF YOUR FREE/REDUCED LUNCH APPLICATION, YOU DO NOT NEED TO FILL OUT THIS FORM.

WHAT ABOUT YOUR PRIVACY?

Your information is held in strict confidence. It is used only for program administration and to prepare for attendance at the NRCA.

APPLICATION CHECKLIST

Please submit the following directly to the NRCA by **March 1,2016**:

□ Application Form
□ Financial Aid Application
OR Copy of Free/Reduced
Lunch Application Form
□ Mail directly, by March 1, to:

Laura Cisneros Natural Resources Conservation Academy University of Connecticut 1376 Storrs Rd. Unit 4087 Storrs, CT 06268-4087 Complete this form ONLY if you are applying for financial aid assistance and are not currently enrolled in the Free or Reduced Lunch Program. If you are on the Free or Reduced Lunch Program, submit a copy of your Free/Reduced Lunch Application instead of this form (do not fill out this form).

Student name	Sch	100l	
Name of recommending teacher			
Are you currently receiving free/reduced lunch?	Yes	No	
Have you looked at other sources of funding?	Yes	No	
If yes, who have you contacted?			
If no, it is very important to look at all sources of fun local businesses and community scholarship program		al service groups, s	school boosters
STUDENT RESOURCES (PLEASE FILL IN EVERY BLAN INCOMPLETE IF BLANKS ARE LEFT EMPTY)	IK. THE APPL	ICATION WILL BE	
2015 income from wages, salaries, etc.		\$	
2015 unearned income (gifts, Social Sec. benefits, etc.)		\$	
Current value of student's savings and investments		\$	
Value of trust fund of which student is beneficiary		\$	
Year, make and model of student's car		\$	
PARENT RESOURCES (PLEASE FILL IN EVERY BLANK IF BLANKS ARE LEFT EMPTY)	K. THE APPLIC	CATION WILL BE I	NCOMPLETE
2015 adjusted gross income		\$	
Father's 2015 adjusted wages		\$	
Mother's 2015 adjusted wages		\$	
2015 nontaxable income (child support, pension plan,	unemployme	ent comp)\$	
FAMILY RESOURCES (PLEASE FILL IN EVERY BLANK. IF BLANKS ARE LEFT EMPTY)	. THE APPLIC	CATION WILL BE IN	ICOMPLETE
Contribution from guardian #1		\$	
Contribution from guardian #2		\$	
TOTAL FROM GUARDIANS		\$	
Contribution from student's income		\$	
Contribution from student's savings and investments		\$	
Contribution from friends and relatives		\$	
Contributions from other funding resources		\$	
TOTAL FAMILY RESOURCES		\$	

Thank you for your interest in the Natural Resources Conservation Academy Financial Aid Program. If your family has extenuating circumstances, please write below explaining your reason for the request.

Your signature below certifies that the information you have provided is accurate and that you understand, acknowledge, and agree with the following disclosures and requirements:

Natural Resources Conservation Academy will hold our information confidential. You have my consent to use it to administer the financial aid program, including producing reports and publications that include non-identifying information.

It is my responsibility to mail this application in time to meet the **deadline of March 1**, **2016**. I understand that if it is received after this date, it will be held in case of any cancellations. I understand financial assistance is awarded on a first-come, first-serve basis.

If we receive a financial aid award, it will be my responsibility to a) accept the award by the deadline provided or forfeit the award and b) pay our family's partition of the fees at the required time unless other arrangements are made prior to the required time.

Parent/guardian signature (REQUIRED):	Date:
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Parent/guardian name (PLEASE PRINT CLEARLY):	