



IYRS Scholarship Application Form

Student Name: _____

Program: _____

Required Documents for Scholarship Application

1. **Complete IYRS Scholarship Application Form**
2. **Free Application for Federal Student Aid (FAFSA)**, completed on-line, www.fafsa.ed.gov, include IYRS school code #037323. A report will automatically be sent to IYRS and you. The FAFSA is available online after January 1 of your enrollment year.

or

IYRS foreign student financial verification statement

Note: If you are younger than 24 years of age, you are considered a dependent student and a member of your parents' household for purposes of applying for financial aid, Therefore, you are required to include your parents' financial information in your scholarship application, unless you document financial independence.

Your application must be complete in order for it to be processed and reviewed.

Applicant Information:

Address: _____
Street/PO Box City State Zip

Permanent Address: _____
Street/PO Box City State Zip

Parent Information (if you are a dependant student):

Parent Name(s): _____

Address: _____
Street/PO Box City State Zip

Resources while in school:

Do you expect to have regular support from other members of your household, family members or outside sources during school? Yes No

Please explain:

Scholarship Essays

Student Name _____

How will you be financing your IYRS education (e.g., savings, loans, working, resources from family)?

What are your career goals and how does an IYRS education fit into them?

Is there any other information that we should know about you? This is your opportunity to include information that is not contained in other areas of this application and your admissions application. Please be specific.

Certification

CERTIFICATION AND SIGNATURES

I, (we) certify that the information on these forms is true and complete to the best of my (our) knowledge. I, (we) understand that all information will be considered confidential, for review by IYRS and the members of the Advisory Committee only. I, (we) shall provide, on request any information required to verify statements made above. I, (we) realize that if the information on this form is not complete and accurate my eligibility will be lost.

Applicant's signature

Applicant's name (print)

Date

Parent's signature (if applicant is dependent)

Parent's name (print)

Date

Please return this application to: IYRS Financial Aid Office, 449 Thames St., Suite 111, Newport, RI 02840. Fax 401-842-0669

Questions? Contact Student Affairs at 401-848-5777 ext. 205.

Thank you.