

IOWA DISTRICT EAST LWML STUDENT AID APPLICATION
STATEMENT OF FINANCIAL CONDITIONS

Applicant's Name _____

School Address _____

E-mail _____ Phone (____) _____

Home Address _____

_____ Phone (____) _____

Home Church and Address _____

Church attending at College (other than chapel) _____

PARENTAL FINANCIAL INFORMATION

1. Adjusted Gross income (line 35 on tax form): _____

2. Number of dependents **other than** applicant living at home: _____

3. Number of dependents attending school away from home: _____

4. Locations of schools attended by dependents other than applicant:

5. Estimate amount of parental contribution for this year: _____