



**FINANCIAL AID INFO**  
**Residency 2019: June 23-29, 2019**  
**Priority Deadline: November 30, 2018**

Duke Youth Academy  
Leadership Education at Duke Divinity  
1121 W. Chapel Hill Street, Ste 200  
Durham, NC 27701

office 919.613.5323  
fax 919.613.5333  
[duyouth@div.duke.edu](mailto:duyouth@div.duke.edu)  
[www.duyouth.duke.edu](http://www.duyouth.duke.edu)

**To the APPLICANT:**

Donors make it possible for us to provide a scholarship for each student (valued at \$3,050). If you would like to request financial aid to assist with the remaining \$950 of the tuition, please complete this application in its entirety. **All questions must be answered. If you need financial aid and your family does not have federal income tax returns or are unable to complete this form, please contact us as soon as possible.**

Financial aid applications will have no bearing on the admissions process; financial aid is awarded on the basis of demonstrated need and availability of funds.

Please follow these steps to complete your financial aid application:

- 1) Work with your parent(s) or guardian(s) to complete ALL of the information on the two-page financial aid application below.
- 2) Secure copies of your parents' or guardians' 2017 federal income tax returns. Copies of 2017 W-2 may be substituted if the 2017 federal income tax returns are not available.

**To the PARENT(S) or GUARDIAN(S):**

The Duke Youth Academy is committed to admitting students based on their talents and abilities, not their financial means. Application for financial aid will have no bearing on admissions decisions. If parents or guardians reside in separate households, both parents should complete all parts of the application.

**If your family does not have US federal income tax returns, but you need financial aid, please contact us as soon as possible. Alternative applications are available.**

All submitted information will be held in a confidential manner and destroyed when the financial aid process is completed.

Please assist your applicant to do the following:

- 1) Complete the two-page financial aid application in its entirety. Incomplete forms will not be considered.
- 2) Provide 2017 federal income tax returns. Copies of 2017 W-2 may be substituted if the 2017 federal income tax returns are not available.



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**STUDENT INFORMATION:**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M.I. \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

County of Residence: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Gender (circle one):     male     female

Are you a U.S. citizen? \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**PARENT/GUARDIAN INFORMATION:**

Name(s): \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

*Parent/Guardian #1*

*Parent/Guardian #2*

Occupation/Position: \_\_\_\_\_

Employer Name: \_\_\_\_\_

2016 Yearly Earnings: \_\_\_\_\_

Marital Status (circle one):     single     married     separated     divorced     widowed

With whom does the applicant live?     father     mother     stepfather     stepmother

other guardian(s): \_\_\_\_\_

Number of dependents in college: \_\_\_\_\_

List names and ages of all dependents: \_\_\_\_\_  
\_\_\_\_\_

Student Name: \_\_\_\_\_

**INCOME INFORMATION:**

|                                         | <b><u>2017</u></b> | <b><u>Estimated 2018</u></b> |
|-----------------------------------------|--------------------|------------------------------|
| Wages/salaries of parent/guardian #1    | \$ _____           | \$ _____                     |
| Wages/salaries of parent/guardian #2    | \$ _____           | \$ _____                     |
| Business/farm/rental income             | \$ _____           | \$ _____                     |
| Interest income/dividends               | \$ _____           | \$ _____                     |
| Social Security benefits                | \$ _____           | \$ _____                     |
| Child support/alimony                   | \$ _____           | \$ _____                     |
| Aid to Families with Dependent Children | \$ _____           | \$ _____                     |
| Other untaxed income                    | \$ _____           | \$ _____                     |

**ASSET INFORMATION:**

|                                                 | <b><u>Value</u></b> | <b><u>Debt</u></b> |
|-------------------------------------------------|---------------------|--------------------|
| Cash/savings/checking                           | \$ _____            | \$ _____           |
| Home/primary residence                          | \$ _____            | \$ _____           |
| Other real estate                               | \$ _____            | \$ _____           |
| Business/farm                                   | \$ _____            | \$ _____           |
| Investments/stocks (including retirement funds) | \$ _____            | \$ _____           |

**EXPENSES:**

|                                                                        | <b><u>2017</u></b> | <b><u>Estimated 2018</u></b> |
|------------------------------------------------------------------------|--------------------|------------------------------|
| Federal income tax                                                     | \$ _____           | \$ _____                     |
| Monthly mortgage/rent (primary residence only)                         | \$ _____           | \$ _____                     |
| Monthly utilities (power, water, phone, etc.)                          | \$ _____           | \$ _____                     |
| Monthly living expenses (groceries, toiletries, auto, insurance, etc.) | \$ _____           | \$ _____                     |
| Monthly medical expenses not covered by insurance                      | \$ _____           | \$ _____                     |
| Monthly payment for education expenses (tuition, loans, etc.)          | \$ _____           | \$ _____                     |
| Monthly child support/alimony                                          | \$ _____           | \$ _____                     |
| Other expenses                                                         | \$ _____           | \$ _____                     |

Explain: \_\_\_\_\_

What is the estimated travel cost for the student to attend the program? \$ \_\_\_\_\_

What is the approximate amount the parent(s)/guardian(s) can contribute? \$ \_\_\_\_\_

Student Name: \_\_\_\_\_

**RESOURCE INFORMATION:** *List all expected resources from church, other family members, etc.*

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**ADDITIONAL INFORMATION:** *Please explain any special circumstances we should consider.*

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To the best of my knowledge, I affirm that this information is a complete, accurate, and honest report of my present financial situation. Furthermore, I affirm that I am responsible for informing the Duke Youth Academy of changes in resources and needs as they occur.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date