UNIVERSITY OF CHICAGO · YOUNG SCHOLARS PROGRAM
ADDITIONAL SUPPORT FORM – SUMMER 2018

Student Name: ________________________________________  Current Grade: ________________

Address: __________________________________________________________________________
Street          City   State  ZIP Code
Parent/Guardian Email: ______________________________________________________________

OVERVIEW: It is important that all applicants have an equal opportunity to apply and attend the summer Young Scholars Program. We would like to offer assistance to low-income families and to those experiencing financial hardships. Please note that ability to pay does not affect the application process in any way.

DIRECTIONS TO PARENT/LEGAL GUARDIAN:

- If you submitted a CPS Family Income Information Form to the applicant’s school (or similar form), then have the applicant’s principal or counselor complete “SECTION A” below.
- If you did not need to submit an income form to the applicant’s school, then complete “SECTION B.”
- Sign your name in “SECTION C.”

SECTION A: SCHOOL VERIFICATION

To the principal, counselor or other qualified official: The student named above is applying for additional support to attend the summer Young Scholars Program at the University of Chicago. Your signature confirms that you have reviewed the applicant’s family income information form (or similar form) and verifies that the applicant’s family qualifies as low income, or the applicant’s family is experiencing financial hardships.

Name: __________________________
School: ________________________
Position: _______________________
Phone: _________________________
Email: _________________________
Signature: ______________
Date: _______________

SECTION B: FINANCIAL NEEDS STATEMENT

Please provide information and special considerations in the box below that will help us in determining financial support eligibility. You do not have to write in this section if “Section A” is already complete.

SECTION C: SIGNATURE OF PARENT/LEGAL GUARDIAN

Name: __________________________
Relationship to Applicant: ______________
Signature: _______________________
Date: _______________________

Mail or email this form and the letter by April 27: Young Scholars Program
University of Chicago, Dept. of Mathematics
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