UNIVERSITY OF CHICAGO · YOUNG SCHOLARS PROGRAM
ADDITIONAL SUPPORT FORM – SUMMER 2019

Student Name: ____________________________________________
Current Grade: __________________________

Last    First

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 submit a Family Income Information 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 should receive aid or reduced fees to attend.

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: ____________________________________________

Please have this form postmarked or emailed by Wednesday, March 20.

Address: Young Scholars Program
University of Chicago, Dept. of Mathematics
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5734 S. University Avenue
Chicago, IL 60637

Email: ysp@math.uchicago.edu