

For Office Use Only: Application Code _____

For Financial Aid Use Only: _____

Scripps Associated Students (SAS)
Endowed Book Fund Application
Fall 2017

Application Due: Thursday, August 24th by 12pm (noon)
Late applications will not be considered.

Please send completed applications by e-mail

E-mail: dcanasba@scrippscollege.edu

Name:

Scripps ID number:

E-mail Address:

I certify that, to the best of my knowledge, that the information given in this application is true and correct. **Please note:** by signing this form, you are authorizing the committee chair and Director of Financial Aid to review this request and verify that you are the recipient of need-based financial aid.

Signature

Date

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1. Amount Requested from [SAS Book Fund](#) (maximum \$200 per term): _____
2. I receive financial aid through Scripps College _____ yes _____ no
While the student need not be a recipient of financial aid, it was the intent of Scripps Associated Students in creating this endowment that the committee award funds to students who demonstrate the most financial need.
3. I currently receive a Pell Grant as a part of my financial aid yes _____ no
4. I will receive a book stipend from Financial Aid for the upcoming semester
_____ yes _____ no
5. My family expected contribution as determined in my Financial Aid award is between \$2000-\$4000 for the 2016-2017 academic year _____ yes _____ no
6. I am a previous recipient of the SAS Book Fund _____ yes _____ no
7. Why are you applying for the SAS Book Fund? How will a SAS Book Fund help you? In particular, please explain why you are unable to afford books at this time. (400-500 words)
8. Please describe any special circumstances that are a financial strain for you and/or your family that the committee should consider. Also add anything you think is important for the committee to know. (200-400 words)
9. Please provide detail on last semester's (Fall 2016) book costs. If you are an incoming student please disregard this question.