



**Please complete the following:**

1. How much financial support can you expect from parents, guardians, or other sources? Please explain in detail and indicate the dollar amount.
2. Please explain to what degree you qualify for financial aid at your school or university.
3. Please add whatever other information you feel will help us to decide on your status as a financial aid recipient.
4. Are you a full-time student?
5. Do you hold (check one): Full- Time \_\_\_\_\_ Part Time \_\_\_\_\_ Job?

All information provided on this sheet concerning my financial status is accurate to the best of my knowledge.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Return To:

URI Summer Programs Office  
University of Rhode Island  
International Center  
37 Lower College Rd  
Kingston, RI 02881