



**Robert DiBella
Scholarship Program
FINANCIAL AID FORM**

Note: If any question is unanswered, your application will not be considered.

Student's Name: _____
Last First M.I.

Permanent Mailing Address _____
Street Apt. No.

_____ City State Zip Code

Social Security No: _____

Current Marital Status (Please circle one of the following):

Married Single Divorced Separated

Do you live with your parents? Yes No

Total size of your household, including yourself, spouse, and dependent children: _____
Include other people only if they now live with and get more than half their support from you (and your spouse) and will continue to get this support in 2024.

From the number of your household size listed above, how many will be in college this fall? ____
(Include yourself and others in college at least half time)

Your 2023 IRS Gross Family Income: \$ _____
(Include Spouse's income, interest, dividends, etc.)

If asked, would you be willing to forward the first page of your latest IRS Form 1040? Yes No

Do you have income other than your job? (e.g. part-time job or spouse income) Yes No

If yes, specify: _____

If the collective bargaining agreement of your police department contains a provision that reimburses you for a percentage of your education costs, what is the percentage paid by the city or town? _____

Statement of special consideration:

