Carl Moller 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: _____

Do you live with your parents? ☐ Yes ☐ No

Total size of your household, including yourself, parents, siblings, and dependent children: ____

Of the number in your household above, how many will be in college in the fall? _____
(Include yourself and others in college at least half time)

Your 2025 IRS Gross Family Income: $_____
(Include parent's income, your income, interest, dividends, etc.)

If asked, would you be willing to forward the first page of your 2025 IRS Form 1040?
☐ Yes ☐ No

Do you have income? (e.g. part-time job) ☐ Yes ☐ No

If yes, specify: _____

Statement of special consideration:

_____

_____

_____

_____

Carl Moller Scholarship
Connecticut Police Foundation
Attention: Pamela D. Hayes, Director
365 Silas Deane Highway-1A
Wethersfield, CT 06109