Office Use Only	



## **NEED-BASED SCHOLARSHIP APPLICATION - 2024/25**

STUDENT INFORMATION:	2017
	SSN (last 4 digits)
Prefix First Name	MI Last Name
Where should your scholarship notification be mailed?	
Street Address	
City State	Zip Code
List all schools you have previously attended:	
Undergraduate and graduate schools attended	Degree Earned Year Earned
FINANCIAL INFORMATION:	
Were you claimed by your parents as a tax dependent in	2023?
(a) If yes, how many dependents were claimed	
What were the ages of the dependents cl	aimed by your parents?
(b) If no, what was your 2023 taxable income?	
Marital Status	Number of Dependent Children
Are you presently employed?	
Employer	
Address	
Do you expect to be employed during the 2024/25 acade	emic year?
If yes, how many hours per week?	Expected monthly salary?
Most recent full-time employment position:	
Dates of most recent full-time employment:	

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\*If you need additional space for any of your responses on this application, please attach an addendum. **Assets:** List automobiles that you (or your spouse) own: Year Make Model Monthly Payment Do you drive a car registered to someone other than you or your spouse? ( Yes O No Year Make Model List any interest you have in real property: Description Location Fair Market Value Monthly Payment List any savings accounts, stocks, bonds, money market funds, etc. that you own, or any trusts established for you: Description Value **Income:** List your <u>income</u> below: Net income from work 2023 2024\* Spouse's net income 2023 2024\* Family's assistance 2024\* 2023 \*Estimate 2024 figures assuming you will be enrolled as a student beginning in August 2024. List any other sources of income, such as VA benefits, child support received, Social Security benefits, income from trust funds, etc. and/or any other additional sources: Source Time Period Monthly Amount **Total Amount** Liabilities: List your liabilities below: Monthly Payment

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Childcare per month

Car payment per month

Amount To Whom	To Whom Owed	When Due
Other significant f	inancial obligations:	
Description	Monthly	Payment
OTHER:		
	nation that you believe would be helpfu	requested by the questions in this application and all in determining your eligibility for a School of
	for the 2024/25 academic year is compopriate inquiry to verify such information	olete and accurate, and I authorize the Charleston on.
Signature		Date
		nits false information or omits relevant information shall olarship recipients must be in good academic standing -
Return this for	m to:	
Jacqueline B Be	11	DEADLINE FOR
Associate Dean	of Admission and Financial Aid	APPLYING: July 1, 2024

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**Print & Sign Form** 

Office of Admission Charleston School of Law

385 Meeting Street Charleston SC 29403