SCI-Arc

Student Supplemental Application

Last Name: First Name:

Social Security #: Date of Birth:

Permanent Address:

Permanent Phone #: Phone #: Email:

I am a: ☐ Male ☐ Female

I am interested in: ☐ Work-Study ☐ Private Loan

The official exchange rate at this time is: $1 USD = (e.g. – 100 Yen, Won, Peso, Etc.)

In USD, please indicate the expected support for your educational expenses you will receive from:

→ Family: $

→ Friends: $

→ Government: $ Explain how:

→ Private Sponsor: $ Explain how:

→ Income: $

→ Savings / Investments: $

→ Student Loans: $ Lender's name:

Please provide two references:

Name: Phone #: Relationship:

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Explain Special Circumstances (e.g. why you need a work-study position, why you need a loan, etc.):

I declare that the information on this form is true, correct and complete. The college has permission to verify the information by obtaining documentation as needed. I further understand that providing false information may jeopardize my student visa status which may result in the loss of my acceptance to the college.

Name: Signature: Date:

2026 – 2027 Budget Report

Additional information is needed to assist us in calculating your financial status. Please complete this form in its entirety and submit it to the Financial Aid Office. This form must be returned ASAP in order for your file to be processed further.

↓ Description of Expense	↓ Description of Expense for 2024
Residence payment (rent or mortgage):	$
Property Taxes & Insurance on Residence:	$
Utilities & Telephone:	$
Food:	$
Clothing:	$
Laundry & Cleaning:	$
Un-reimbursed Medical & Dental Expenses:	$
Child Care:	$
Car Payments:	$
Gasoline or other transportation:	$
Car Insurance:	$
Child Support/Alimony (paid by you or another family member):	$
Other Personal Expenses (Specify):	$
Total Monthly Expenses:	**$**

Please list all the monthly resources that are used to meet the expenses listed above. Be sure to include all wages, AFDC, child support, unemployment benefits, social security benefits, SSI and/or any cash received.

↓ Resources	↓ Monthly Amount Received for 2024
1.	$
2.	$
3.	$
4.	$

I certify that the above information is true and correct to the best of my knowledge.

Name: Signature: Date: