

**SOUTHEASTERN ACTUARIES CONFERENCE ("SEAC") SCHOLARSHIP PROGRAM**

**Confidential Financial Statement**

(Supplement to Application for Scholarship - **OPTIONAL**  
DO NOT send this completed Financial Statement electronically  
Submit by mail with transcripts to address indicated on the application form)

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Scholarship Applicant Name: \_\_\_\_\_

1. Indicate person completing this Confidential Statement (See Instructions):

\_\_\_\_\_ Student                      \_\_\_\_\_ Guardian (other than parents)  
\_\_\_\_\_ Parents                      \_\_\_\_\_ Other - Specify relationship to student  
\_\_\_\_\_

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2. Are others financially dependent on student?    \_\_\_ Yes    \_\_\_ No

If "Yes",

Name of Dependent	Relationship to Student	Age

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3. a. If self-supporting, state

- i. Your total income in last calendar year \_\_\_\_\_
- ii. Your spouse's total income (if applicable) \_\_\_\_\_
- iii. Number of dependents (excluding spouse) \_\_\_\_\_

b. If dependent on parents, state

- i. Total family income in last calendar year \_\_\_\_\_
  - ii. Number of siblings supported by your parents \_\_\_\_\_
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4. Student's expenses, including those of spouse (if applicable)

	Total Per Year
a. Tuition and fees	\$
b. Room and board	\$
c. Other	\$
d. Total	\$
Anticipated grants/scholarships	\$

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5. Is student completely self-supporting?    \_\_\_Yes    \_\_\_No

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(Signature of Person Completing Confidential Statement)

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(Date)