



*Soroptimist International of Greater North Kitsap*

*P.O. Box 1549*

*Poulsbo, WA 98370*

**Lynne Martin Memorial Scholarship  
Financial Need Form**

Student Name: \_\_\_\_\_

College/University/Technical School: \_\_\_\_\_

*Please complete this form to the best of your knowledge:*

**Expenses:**

- Tuition & Fees: \_\_\_\_\_
- Housing expenses: \_\_\_\_\_
- Books & Supplies: \_\_\_\_\_
- Transportation: \_\_\_\_\_
- Personal Expenses: \_\_\_\_\_
- Other: \_\_\_\_\_

Total Expenses: \$ \_\_\_\_\_

**Income:**

- Expected family contribution: \_\_\_\_\_
- Other financial aid: \_\_\_\_\_
- Other grants & scholarships awarded: \_\_\_\_\_
- Own contributions: \_\_\_\_\_

Total Income: \$ \_\_\_\_\_

**Financial Aid required (Income, less Expenses): \$ \_\_\_\_\_**

*Please list below additional information that you feel assists the scholarship committee understand your financial need:*

Notes \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_