

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 2024 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 2024 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