



**SUPPLEMENTAL FINANCIAL INFORMATION FOR
THE 2025 – 2026 ACADEMIC YEAR**

INSTRUCTIONS

If the scholarship applicant is a dependent, his/her parent or guardian should complete this form. If the scholarship applicant is independent, he/she should complete this form.

- Please complete the Supplemental Financial Information form on the following page. (You will need the current version of [Adobe Acrobat Reader](#) to be able to open and save information in the form.)
- Submit your completed recommendation by May 6, 2025 via:
 - E-mail to ApplicantInfo@delmarscholarships.org, entering the applicant's name in the subject line
 - Fax to 866-321-9986 or
 - Mail to the address below (postmarked no later than May 6, 2025:
Delmar Foundation Scholarships
3000 Lillian Avenue
Murrysville, PA 15668

QUESTIONS

If you have questions about this form, please e-mail us at info@delmarscholarships.org or call us at 866-321-7717. For information about the Delmar Foundation Scholarship program, please visit our website at DelmarScholarships.org.

The submission deadline is May 6, 2025.



**SUPPLEMENTAL FINANCIAL INFORMATION FOR THE
2025 – 2026 ACADEMIC YEAR**

Your Name _____ Your Address _____

Your E-mail _____

Applicant's Name _____

What is your relationship to the applicant? _____

OTHER SOURCES OF FINANCIAL SUPPORT

Please list the amount of financial support you expect the applicant to receive from individuals who did not contribute to the applicant's FAFSA application. Depending on your circumstances, this may be a parent, guardian, or stepparent; it may also include a grandparent, other relative, and/or friend in the table below. Enter a zero for the source if the applicant will not receive that type of financial support.

Financial Support Not Reported on FAFSA Application		
Include cash (more than \$500, excluding birthday or holiday gifts) or direct payment of educational expenses		
Source	Description	Annual Amount

Assets Not Reported on FAFSA Application		
Source	Description	Total Value
Qualified Tuition Programs, including 529 Accounts, 529 pre-paid tuition balances, Cloverdell ESA, or other savings account for education (list below)		
Trusts or Whole Life Insurance Policies		
Other		

EXPLANATION

Please provide any additional information needed to explain your entries in the table above.

OTHER CONSIDERATIONS

If there are extenuating circumstances that might prevent you from being able to contribute to the applicant's educational expenses (e.g., long-term unemployment, serious illness, disability, accident, or death in your family), please explain below.

If you do not have any specific extenuating circumstances but do not plan to contribute to the applicant's educational expenses, please explain why below.

CERTIFICATION

Please type your name in the space below to confirm that you have read the statement.

By emailing, mailing, or faxing this form to the Delmar Foundation, I am certifying that the information provided above is complete and correct. I understand that if I make false or misleading statements, I will be required to reimburse and make restitution for any scholarship awards granted based on this information.

 Type Your Full Name

 Date

The completed form should be emailed to applicantinfo@delmarscholarships.org by May 6, 2025.

PLEASE HELP US IMPROVE

Please tell us how you learned about the Delmar Foundation scholarships? (Check all that apply.)

- Applicant/Applicant's sibling
- School web site
- Newspaper ad
- Social media
- Bulletin board/flyer

- Road Sign
- Guidance counselor
- Teacher
- Other parent/friend
- Other _____