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Privacy Notice. In accordance with 5 USC 552a(e)(3), the following information is provided to you when supplying personal information to the USCG. (1) Authority which authorizes the solicitation of the information: 14 USC 182. (2) The Principal Purpose for this information is to determine financial need for scholarship opportunities. (3) Disclosure of the information is voluntary, but the applicant will not be considered further for scholarship benefits if the information is not provided.

The U.S. Coast Guard Academy Admissions Office has a limited amount of funds to provide scholarships for students with legitimate financial need. If you wish to apply for a scholarship, you must submit the information below and 300 word essay. The questions below are derived from the FAFSA (Free Application for Federal Student Aid) Pre-Application Worksheet and will be used only for the purpose of determining financial aid eligibility for the U.S. Coast Guard Academy Admissions Programs. When filling out the document, "you" refers to the student.

Essay Question: (300 words or less)

Why are you a good candidate to receive this scholarship? Please provide any additional information you would like us to

consider concerning your ability to pay.							
Student's legal name: (must match driver's license or federal ID)	Last Name						
	First Name						
	M.I.						
Student's date of birth: (ddmmyyyy)		<u>'</u>					
Student's sex: (choose one)	Male		Female				
Which scholarship(s) are you applying for?		Travel	Fee/Tuition				
Name of the Admissions program you are applying for:	Academy Intro	duction Mi	ssion 2025				
Your Father's educational Level: Below High Sch	nool H	High School Graduate College or Beyond			nd		
Your Mother's educational Level: Below High Sch	nool H	ol High School Graduate College or Be		or Beyor	nd		
If an orphan, are (or were) you a ward/dependent of the	e state?	Yes	No				
Have you (student) completed an IRS or other income to	ax return in the p	ast year?	Yes	No			
If so, what income tax return did you file?	1040 IRS 1	040A	1040 EZ or 1040) Telefile	Forei	gn Tax Returr	
If you (student) filed a 1040, were you eligible to file a 1	040A or 1040EZ	>	Yes	No)		
What was your (student) adjusted gross income last year	ar?						
What was the amount of your (student) income tax last	year?						
How much did you (student) earn from working (wages,	, salaries, tips, et	c.) last year?	1				
How many people currently live in your household?							
How many of your brothers and sisters are attending co	ollege?						
As of today, what is the net worth of the student's current investments, including real estate?							
As of today, what is the net worth of the student's current business and/or investment farms?							
As of today, what is the student's amount of cash, saving	ngs, and checking	accounts:					
What is your parents' current marital status?	/larried	Unmarried	Divorced/S	Separated	Wid	lowed	
Month and year your parents were married, separated,	divorced or widov	ved? (mmyy	yy) (if applicable))			
Have your parents completed an IRS or other income to	ax form in the pas	t year?	Y	'es	No		
If so, what type of income tax return did your parents file	e last year?	IRS 1040	IRS 1040A	1040 EZ 1040 Tele		Foreign Tax Return	
If your parents filed a 1040, were they eligible to file a 1	040A or 1040EZ	Ye:	S	No			
What was your parents' adjusted gross income last year	ır?						
What was the amount your parents' income tax last year	ar?						

How much did your parents earn from working (wages, sale	aries, tips, etc.) l	ast year?				
As of today, parents' net worth of current investments, including real estate (not home):						
As of today, parents' net worth of current business and/or investment farms:						
As of today, parents' amount of cash, savings, and checking accounts:						
In order to process travel forms, we will need the following	ı information:					
Student's mailing address: (if you have a PO Box please include physical address as well)						
Student's traveling contact phone number:						
Parent/legal guardian's legal name: (must match driver's license or federal ID)	Last Name					
	First Name					
	M.I.					
Parent/legal guardian's sex: (choose one)	Male	Female				
Relationship to student of parent/legal guardian attending:						
Traveling contact phone number of parent/legal guardian:						
Student Signature:			Date:			
Student Email:						
Parent/Legal Guardian Signature:			Date:			
Parent/Legal Guardian Email:						
NOTE: Requesting a scholarship does not necessa those who qualify for the scholarship will be contacted						
Return this form and essay by email to AIM@uscga.edu, Subject line "AIM Scholarship" by May 16th 2025:						

To email form, save form and essay as one PDF attachment and name file "Last Name_First Name_AIM Scholarship"

Email: aim@uscga.edu Phone: (860) 444-8503



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