

**Need-based Scholarships:**

**Who is eligible:**

- Students admitted to degree candidacy (matriculated) or have a completed admission application for the MALS or MPhil degree on file as of March 15, 2025 and
- U.S. citizens or permanent residents and
- Legally independent since July 15, 2024 or are employed full time

**Scholarships available:**

- **Director's Scholarship and Alumni Scholarship:** awarded on the basis of financial need
- **Samuel Hugh Brockunier Scholarship:** awarded to students who concentrate in Social Sciences and demonstrate financial need
- **Daltry-Kaemmerling Endowed Scholarship:** awarded to new students who demonstrate financial need
- **Other support:** Graduate Liberal Studies offers other opportunities to finance graduate classes. Please visit our [website](#) at for more information and application forms.

**Instructions:**

- **Deadline: March 15<sup>th</sup>, 2026**
- If you have not yet been admitted to the MALS or MPhil degree program, complete your admission application - with all material on file at the GLS office – no later than March 15, 2025.
- Information you will need to complete this application:
  - 2021 tax returns for you and your spouse or partner if you have been legally independent since July 15, 2024 or currently employed full-time
  - **If you have not been legally independent since July 15, 2024 and are not currently employed full-time, please use your parents' financial information**
  - If you are employed full-time and have not been legally independent since July 15, 2024, please include proof of employment, such as offer letter, pay stub, or other material approved by the GLS Financial Aid committee
  - Records of untaxed income, such as Social Security benefits, welfare benefits (e.g. TANF) and veterans' benefits for your household
  - Savings, investments, real estate, business and farm assets for your household
  - Purchase price, year purchased, current value, and current mortgage balance of your primary residence
  - Information about your normal monthly household expenses
- **Do not submit your tax forms with this form**
- Consolidate financial information for you and your spouse or partner on all line items, even if you do not, or are unable to, file a joint federal tax return
- Complete and sign the form
  - Send the completed form emailed in pdf format to Jay Mitchell: [jmitchell03@wesleyan.edu](mailto:jmitchell03@wesleyan.edu)
  - We are not accepting paper applications.

**All information provided on this form is subject to verification.**

Personal Information	
Name:	
Daytime Phone:	Email Address:
WesId, if applicable:	Year of birth: _____

**Part 1: Primary Residence**

Primary Residence	
1. Do you own your home?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please answer the questions below. If no, please skip to Part 2: Financial Information.	
2. What year did you purchase your primary residence?	
3. What is the current value of your primary residence?	\$
4. What is the current balance of the mortgage on your primary residence?	\$
5. What was the purchase price of your primary residence?	\$

**Part 2: Financial Information**

Section 1: Finances	
1. Are you married, in a civil union, or in a domestic partnership?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. If yes, do both people earn wages?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Do you have dependents other than a spouse or partner?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. What was your household's adjusted gross income? (Form 1040 – line 11)	\$
5. What was your household's income tax? (Form 1040 line 22 minus schedule 2, line 2)	\$
6. How many dependents were declared on your household's tax filing(s)?	
7. How much did your household earn from working whether or not tax returns were filed? (1040 line 1 + [Schedule 1 lines 3 + 6] + [Schedule K-1, box 14, code A])	\$

Section 2: Household	
1. How many people are in your household? Include: (1) yourself, (2) your spouse or partner (3) other people if they now live with you and you provide more than half their support, including your children.	
2. How many of the people in the question above will be in college at least half time, earning a college degree? Please include yourself.	

<b>Section 3: Untaxed Income</b>	
1. Payments to tax deferred pension and savings plan (paid directly or withheld from earnings), including, but not limited to amounts reported on W-2 Form, Boxes 12a through 12d, codes, D, E, F, G, H, S, not DD	\$
2. IRA deductions and payments to self-employed SEP, SIMPLE, Keogh, and other qualified plans. IRS Form 1040 Schedule 1 lines 15 + 19	\$
3. Child support received for all children. Do not include foster care or adoption payments.	\$
4. Tax exempt interest, Form 1040 – line 2a	\$
5. Untaxed portions of IRA distributions and pensions, Form 1040 – lines (4a + 5a) minus (lines 4b + 5b). Exclude rollovers. If negative, please enter “0”	\$
6. Housing, food and other living allowances. Include cash payments and cash value of benefits. Do not include the value of on-base military housing or the value of a basic military allowance for housing.	\$
7. Veterans’ non-education benefits such as Disability, Death Pension, Dependency & Indemnity Compensation (DIC), and/or VA Educational Work-Study allowances	\$
8. Other untaxed income not reported in items 44a through 44g, such as workers’ compensation, disability benefits, untaxed foreign income, etc. Also include the untaxed portions of health savings accounts from IRS Form 1040 Schedule 1—line 12. Don’t include extended foster care benefits, student aid, earned income credit, additional child tax credit, welfare payments, untaxed Social Security benefits, Supplemental Security Income, Workforce Innovation and Opportunity Act educational benefits, on-base military housing or a military housing allowance, combat pay, benefits from flexible spending arrangements (e.g., cafeteria plans), foreign income exclusion or credit for federal tax on special fuels	\$
9. <b>Money received or paid on your behalf not reported elsewhere on this form, such as bills paid by parents or grandparents.</b>	\$
<b>Section 4: Additional Financial Information</b>	
1. Education credits: Form 1040 Schedule 3 line 3	\$
2. Child support you paid because of divorce, separation or other legal requirement. Do not include support for children in your household listed in Section 1.	\$
3. Taxable earnings from need-based employment programs such as Federal Work-Study and need-based employment portions of fellowships and assistantships	\$
4. Taxable student grant and scholarship aid <b>reported to the IRS in your adjusted gross income.</b> Includes AmeriCorps benefits as well as grant or scholarship portions of fellowships and assistantships	\$
5. Taxed combat or special Combat Pay included in your adjusted gross income. <b>Do not enter untaxed combat pay.</b>	\$
6. Earnings from work under a cooperative education program offered by a college	\$
<b>Section 5: Assets</b>	
1. As of today, what is the total current balance of all your household’s cash, savings, and checking accounts? Do not include funds from student financial aid.	\$
2. As of today, what is the total net worth of your household’s investments, including real estate but not including your primary residence? Do not include life insurance policies or retirement plans. Do not include the value of your home in this box.	\$
3. As of today, what is the net worth of your household’s business and/or investment farms? Do not include a farm you live on and operate.	\$

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

<b>Section 6: Monthly Income &amp; Expenses</b>	
<b>Income – please record all figures as gross monthly amounts:</b>	\$
• Wages, salaries, tips:	\$
• Other taxable income such as capital gain, pensions, rents, etc:	\$
• Other income (please describe):	\$
<b>Total Income:</b>	\$
<b>Expenses – please record all figures as average monthly amounts:</b>	
• Mortgage or rent on primary residence:	\$
• Car payment:	\$
• Insurance – health, automobile, homeowners, etc:	\$
• Utilities – gas, electric, cable:	\$
• Medical expenses not covered by insurance:	\$
• Education loans:	\$
• Credit card:	
• Food, entertainment, internet, etc	
• Day care:	
• Other loans (please describe):	\$
• Alimony or child support:	\$
• Other expenses (please describe):	\$
<b>Total Expenses:</b>	\$
<b>Net Monthly Income: Income less Expenses:</b>	\$

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

<b>Section 7: Other Information</b>		
Other contributions (for example: GMATS, employer paying or reimbursing tuition, family, trust, VA benefits, other scholarships):		\$
Please check the box indicating the type of financial aid you are requesting:		
GLS Director's Scholarship (all students)		
GLS Alumni Scholarship (all students)		
Daltry-Kaemmerling Endowed Scholarship (new students)		
S H Brockunier Scholarship (social studies – please see honor code compliance below.)		
Number of courses for which you are requesting aid – maximum total all terms: six		
Fall 25:	Spring 26:	Summer 26:

**Changes in family financial circumstances and appeals:**

The University recognizes that occasionally a family may experience a sudden and precipitous change in financial circumstances after filing taxes. Please provide an explanation of the change in circumstances, including an estimate of its financial impact on your household income, using additional pages if necessary.


**Certification of Accuracy:**

I have reviewed the information provided on this scholarship form and agree that it is correct. If I have applied for the Samuel Hugh Brockunier Scholarship, I certify that either I am currently a pre-collegiate social studies teacher or I plan to become one. I have read, understand and agree to abide by the policies in the GLS Student Handbook as posted at [wesleyan.edu/masters](http://wesleyan.edu/masters). I have read the Honor Code and Code of Non-Academic Conduct Regulations as posted at [wesleyan.edu/studentaffairs/studenthandbook](http://wesleyan.edu/studentaffairs/studenthandbook). I understand and accept my obligations as outlined in the code. I understand that providing false information on this form violates the Honor Code.

Signature (required): \_\_\_\_\_ Date: \_\_\_\_\_

Name (please print): \_\_\_\_\_