



SUPPLEMENTAL INFORMATION FORM FOR THE 2026 – 2027 ACADEMIC YEAR

BACKGROUND

We ask parents/guardians of Delmar Foundation Scholarship applicants to provide additional information to us to ensure that we are treating applicants fairly and that our scholarships are going to students who truly need financial support. For example:

- FAFSA doesn't consider extenuating circumstances, such as a family member with a serious illness or disability, so on paper it may appear that the applicant's family has the resources to pay for school, when these circumstances may create a substantial financial drain.
- It is sometimes not clear how to interpret information on the FAFSA Submission Summary, (e.g., when fields that are typically completed are blank).
- Some sources of funds for an applicant's educational expenses are not reported to FAFSA (e.g., 529 accounts held by grandparents).
- A previous scholarship recipient's Student Aid Index (from FAFSA) may be significantly higher or lower than it was in the previous year, and it is not clear why.

Thank you for taking the time to complete this form. As with all application data, the information you provide will be kept confidential.

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 it.

- Please complete the Supplemental Information Form on the following page. You will need the current version of Adobe Acrobat Reader to open and save information in the form. (Note that Google Docs or similar platforms may alter the format and fields in the form.)
- Submit your completed recommendation by April 30, 2026 via
 - E-mail to ApplicantInfo@delmarscholarships.org, entering the applicant's name in the subject line
 - Mail to the address below, postmarked no later than April 30, 2026:

Delmar Foundation
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 724-519-0119. For more information about the Delmar Foundation, please visit our website at DelmarScholarships.org.

The submission deadline is April 30, 2026.



**SUPPLEMENTAL INFORMATION FORM
FOR THE 2026 – 2027 ACADEMIC YEAR**

CONTACT INFORMATION

Your Name _____ Phone _____

E-mail _____ Address _____

Applicant's Name _____

BACKGROUND INFORMATION

What is your relationship to the applicant? _____

Did you complete the Parents section of the applicant's FAFSA? Yes No

Do you live with the applicant's other parent (regardless of marital status)? Yes No Widowed

FINANCIAL INFORMATION

Please list your financial assets in the table below and indicate whether they were reported on the FAFSA. Provide any additional information that clarifies your entries, as needed.

Assets	Value	Reported on FAFSA? (Yes/No)	Additional Information (as needed)
Checking/Savings			
Investments (e.g., stocks/bonds, excluding retirement accounts)			
Real Estate (excluding primary residence)			
Qualified Tuition Programs, Trusts, and Insurance Policies for the Applicant	Value	Reported on FAFSA? (Yes/No)	Additional Information (as needed)
529 Account			
529 Pre-paid Tuition Plan			
Other Qualified Tuition Program (e.g., Coverdell Educational Savings Account)			
Trust			
Permanent Life Insurance Policy			
Other:			

CONTRIBUTIONS TO APPLICANT’S EDUCATIONAL EXPENSES BY OTHERS

Please list financial support you expect the applicant to receive from others (e.g., grandparents, other relatives, godparents, or friends) in the table below.

Qualified Tuition Programs, Trusts, and Insurance Policies for the Applicant	Contributor (e.g., grandparents, godparent, friend)	Value	Reported on FAFSA? (Yes/No)	Additional Information (as needed)
529 Account				
529 Pre-paid Tuition Plan				
Coverdell Educational Savings Account				
Other Qualified Tuition Program				
Trust				
Permanent Life Insurance Policy for Applicant				
Other:				
Other:				
Gifts and Direct Payments	Contributor (e.g., grandparents, godparent, friend)	Annual Amount	Reported on FAFSA? (Yes/No)	Additional Information (as needed)
Gifts of More Than \$1,000 Annually				
Direct Payment of Educational Expenses				
Other:				

EXPLANATION

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

OTHER CONSIDERATIONS

If there are extenuating circumstances that might prevent you from contributing 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 or mailing 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

Please submit the completed form by April 30, 2026.

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
- Poster/flyer

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