



Marshall Community FoundationSM

Working Together for Our Future

Financial Information to accompany Scholarship Application

CONFIDENTIAL

Person providing financial information: _____
Name Address

Relation to applicant: _____ Total number of exemptions claimed: _____

PARENT(S)

Adjusted gross income
(Can be found: Line 37 of Form 1040 or Line 21 of Form 1040A or Line 4 of Form 1040EZ): \$ _____

Federal, State & Local taxes paid:
Income Tax \$ _____
Real Estate Tax \$ _____
Other _____ \$ _____

Social Security Benefits: \$ _____

State or Federal Assistance (FIA, FID, etc.) \$ _____

Other untaxed income:
Child Support \$ _____
Inheritance \$ _____
Workmen's Comp \$ _____
Other _____ \$ _____

Asset information:
Cash Savings \$ _____
Stocks & Bonds \$ _____
Other Real Estate/Investment \$ _____

Other Real Estate/Investment Debt: \$ _____

Business/Farm Value: \$ _____

Business/Farm Debt: \$ _____

Other Debts/Describe:
Credit Cards \$ _____
Car Loan \$ _____
Other _____ \$ _____



Marshall Community FoundationSM

Working Together for Our Future

Financial Information to accompany Scholarship Application

CONFIDENTIAL

List below dependent children. Indicate if attending School or College.

(List student applicant first)

Name	Age	Name of School	Private/Public	Grade
_____	_____	_____	____/____	_____
_____	_____	_____	____/____	_____
_____	_____	_____	____/____	_____
_____	_____	_____	____/____	_____
_____	_____	_____	____/____	_____

Total amount expended for college/private schooling (tuition/room & board) for dependent children in current year.

Do not include room and/or board for students living at home: _____

Please list any unusual financial circumstances or financial hardships in your household:

(Attach additional sheets if needed)

The undersigned hereby acknowledges that the information provided on this application, including attachments, is true and correct to the best of their knowledge. The undersigned consents that this information may be provided and disclosed to the Marshall Community Foundation, to the Foundation Trustees/Officers, and to any other person authorized by the Foundation to review the information. Verification may be obtained from any source. Also, we hereby release from liability any person submitting information to the Foundation for use in the selection of scholarship recipients.

Original signatures required

Signature of Student Applicant*

Date

Signature of Parent

Date

*The student applicant is required to sign this application. The parent(s) must also sign if the student applicant is under 18 years of age and/or was claimed as an exemption.