

MARSHALL COMMUNITY FOUNDATION
Financial Aid Form
Scholarship Information
CONFIDENTIAL

Financial information is to be based on the information provided on the current financial aid form, (FAFSA).

Name of person whose financial information is shown below:		
Name of person(s) whose financial information is expected to be shown on next financial aid form:		
Total number of exemptions claimed on current financial aid form: _____		Household size: _____
Total number of exemptions expected to be claimed on next financial aid form: _____ (Include Student Applicant)		
	PARENT(S)	STUDENT (& SPOUSE)
Adjusted gross income:	\$ _____	\$ _____
Federal, state & local taxes paid:		
Income Tax:	\$ _____	\$ _____
Real Estate Tax:	\$ _____	\$ _____
Other:	\$ _____	\$ _____
Social Security Benefits:	\$ _____	\$ _____
ADFC/ADC:	\$ _____	\$ _____
Other untaxed income:	\$ _____	\$ _____
Asset Information:		
Cash Savings:	\$ _____	\$ _____
Stocks & Bonds:	\$ _____	\$ _____
Other Real Estate/ Investment Value (Do not include home value)	\$ _____	\$ _____
Other Real Estate/ Investment Debt:	\$ _____	\$ _____
Business/Farm Value:	\$ _____	\$ _____
Business/Farm Debt:	\$ _____	\$ _____
Other Debts/Describe	\$ _____	\$ _____

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Please list all dependent children below
(list student applicant first)

If attending school or
College, please indicate.

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

Total amount expended for current year for college/private schooling (tuition/room & board) for dependent children. Do not include room and 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 consent that this information may be provided and disclosed to the Marshall Community Foundation, to the officers and trustees of the Foundation, and to any other person authorized by the Foundation to review the information. Verification may be obtained from any source. 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.