

Required Financial Documentation

For the 2019-2020 school year you will need financial information from 2017. You may need to provide information from 2018 at a later date. **You will also need records of your parents' income information if you are a dependent student.** Please provide the following:

<input type="checkbox"/>	Your driver's license (if any)
<input type="checkbox"/>	Your 2017 W-2 Forms and other records of money earned
<input type="checkbox"/>	Your (and your spouse's, if you are married) 2014 Federal Income Tax Return. <ul style="list-style-type: none">▪ IRS 1040, 1040A, 1040 EZ▪ Foreign Tax Return, or▪ Tax Return for Puerto Rico, Guam, American Samoa, the U.S. Virgin Islands, the Marshall Islands, the Federal States of Micronesia, or Palau
<input type="checkbox"/>	Your Parents' 2014 Federal Income Tax Return (if you are a dependent student)
<input type="checkbox"/>	Your 2017 untaxed income records <ul style="list-style-type: none">▪ Veterans non-education benefit records▪ Child support received▪ Worker's compensation
<input type="checkbox"/>	Your current bank statements
<input type="checkbox"/>	Your current business and investment mortgage information, business and farm records, stock, bond and other investment records

(continued on the following page)

If you are a dependent, please have your parents complete the following information:

1. Annual Gross Income

Salary (head of household) \$ _____ Salary (spouse) \$ _____

Other Income Amount \$ _____ Explain _____

2. All Dependents: Please list the following information

CHILD'S NAME	D.O.B.	SCHOOL GRADE (AS OF 08/18)	SCHOOL ATTENDING

3. Applicant's assets

Home (if owned, purchase price) _____

Year purchased _____

Unpaid Mortgage _____

4. Applicant's liabilities (monthly payment)

*Mortgage/rent _____

*Automobile loans(s) _____

Other Loan Payments _____

Explain: _____

Other Debt Payments _____

Explain: _____

*Please provide a copy a loan payments(s)

5. Miscellaneous expenses (monthly payment or yearly commitment)

Please list any other recurring expenses (i.e. Synagogue dues, Private School Tuition, etc.):

6. Please explain any unusual or additional medical expenses and costs:

7. Please describe any circumstances that pertain to your request that have not been expressed thus far:

Applicant's Certification and Authorization:

I/We declare that the information disclosed on this form is correct. I/We understand that falsification of any information on this form shall be cause for revocation of the scholarship.

Signature of Parent

Date

Signature of Applicant

Date