

## to be completed by parents or guardian

Name ..... Date .....

Address.....

Marital Status:     Married     Divorced     Separated     Single     Widowed

Does applicant work?.....

Father's occupation: .....

① Annual income before taxes from salary or business \$ .....

Mother occupation:.....

② Annual income before taxes from salary or business \$ .....

• Annual income from:

Investment: (stocks, savings, bonds, rents) \$ .....

Social Security Benefits \$ .....

VA benefits \$ .....

Other \$ .....

③ **Sub-Total** \$ .....

④ **Gross Income** (lines 1+2+3) \$.....

• Unusual expenses:

Outstanding debts \$ .....

Doctor/Hospital Expenses \$ .....

Other \$ .....

⑤ Total expenses \$ .....

⑥ **Net Income** (line 4 minus line 5) \$.....

• Number in family living at home: .....

Cost of program \$ .....

Fare add-on \$ .....

Total Cost \$ .....

Amount family can afford \$ .....

**Financial assistance needed** \$ .....

\* A complete copy of your most recent tax return (including all schedules) must accompany this form. It will be kept confidential in the local March of The Living office

### FOR OFFICE USE ONLY

Name of applicant ..... Identification # ..... Parents name.....

Scholarship amount awarded..... Amount due from applicant ..... Comments.....

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