

STUDENT'S NAME: \_\_\_\_\_

**PLEASE TYPE OR PRINT**

**PARENTS' & STUDENT'S CONFIDENTIAL FINANCIAL STATEMENT**

"Parents" (refer to with whom you reside):

FATHER/ STEPFATHER NAME: \_\_\_\_\_ MOTHER/ STEPMOTHER NAME: \_\_\_\_\_

Father's/ Stepfather's Occupation \_\_\_\_\_ Mother's/ Stepmother's Occupation \_\_\_\_\_

Length of time with present employer: Father \_\_\_\_\_ Mother \_\_\_\_\_

Parents' approximate yearly combined (gross) income \$ \_\_\_\_\_

How many children presently live in your home? (Include any dependents attending college) \_\_\_\_\_

Extraordinary expenses such as: Medical, Alimony, etc. \_\_\_\_\_

(Extraordinary expenses cont.) \_\_\_\_\_

How much money has your family saved towards this student's college education? \_\_\_\_\_

How much money per year do you expect your son/daughter will need to attend college? Fill in expectations as follows using 1<sup>st</sup> college choice:

**(COLLEGE EXPENSES) NAME OF COLLEGE :** \_\_\_\_\_

Meals & Housing \$ \_\_\_\_\_

Tuition \$ \_\_\_\_\_

Books & Supplies \$ \_\_\_\_\_

Travel \$ \_\_\_\_\_

Medical or Dental (SPECIFY) \_\_\_\_\_ \$ \_\_\_\_\_

Other (personal) \$ \_\_\_\_\_

**TOTAL EXPENSES:** \$ \_\_\_\_\_

How much per year do you expect to be able to contribute? Parent: \$ \_\_\_\_\_ Student: \$ \_\_\_\_\_

Do you think that you can continue to do this for four years or more? Parent: \_\_\_\_\_ Student: \_\_\_\_\_

Are you expecting help from other relatives? (Grandparents, older children, etc.) \_\_\_\_\_

If so, how much? \_\_\_\_\_

Do you have other children in college? If so, where and for how many more years? \_\_\_\_\_

(cont.) \_\_\_\_\_

Do you have other children you have already assisted through college and are no longer attending college? If so, how many? \_\_\_\_\_

Which colleges? \_\_\_\_\_

***Please attach an explanation of any problems or unusual circumstance, which make it difficult for you to contribute a reasonable amount toward this student's education.***

**PARENT'S CERTIFICATION:** We hereby declare that we have read and understand the questions above and, to the best of our knowledge and belief, have responded correctly. As a third party facilitating the scholarship process, the school and school district assume no responsibility for whether your son/daughter receives a scholarship. Your signature releases the school, the school district and its employees from any and all liability arising from or related to the scholarship process.

Signature \_\_\_\_\_  
(Father, Stepfather, or Guardian)

Signature \_\_\_\_\_  
(Mother, Stepmother, or Guardian)

I/we consent to have my/our son/daughter recognized for any grants or scholarships awarded. Yes: \_\_\_\_\_ No: \_\_\_\_\_ (initial preference)