

Student's Full Name: _____
 (LEGAL NAME - PRINT) first middle last

PART 3: PARENT ASSET, BUSINESS AND FARM INFORMATION

REPORT ASSET, BUSINESS AND FARM VALUES AS OF TODAY					
Total current balance of your parent(s)' cash, savings, and checking accounts:					\$
Total market value of all parent investments (including stocks, bonds, mutual funds, trust funds, and the value of education savings accounts for all children in the household):					\$
Net value (present market value minus debt owed) of all other real estate (including land and/or buildings) owned by your parent(s): Do not include the primary residence in which you live.					\$
Do your parents own a business?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	If yes, what is the business's net worth? \$
Do your parents own a farm?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	If yes, what is the farm's net worth? \$

PART 4: PARENT 2014 INCOME AND BENEFIT INFORMATION

REPORT VALUES RECEIVED (OR PAID) IN CALENDAR YEAR 2015					
Child support your custodial parent(s) <u>received</u> for all children in the household:					\$
Housing, food and other living allowances received by members of the military or clergy:					\$
Cash assistance from family and friends (including outside the U.S.) received by your parent(s):					\$
Other untaxed income (include workers' compensation, disability, Veterans' non-educational benefits, etc.):					\$
Child support your custodial parent(s) <u>paid</u> because of divorce or separation (don't include any child support received):					\$
Check if anyone in your parent(s)' household received benefits from any of the following programs in 2015 or 2016.					
Supplemental Nutrition Assistance Program (SNAP):	<input type="checkbox"/>	Free or Reduced-Priced Lunch Program:	<input type="checkbox"/>	Temporary Assistance for Needy Families (TANF):	<input type="checkbox"/>
Supplemental Security Income Program (SSI):	<input type="checkbox"/>	Special Supplemental Nutrition Program for Women, Infants, and Children (WIC):	<input type="checkbox"/>		

CERTIFICATION STATEMENT: I certify that all the information reported on this form is true, correct and complete to my knowledge. If additional documentation is required, I will submit those documents in a timely manner. I understand that if I purposely give false or misleading information, my scholarship may be terminated.

STUDENT SIGNATURE _____ Date _____

PARENT SIGNATURE _____ Date _____

(Required for dependent students only)