



FINANCIAL ASSISTANCE QUESTIONNAIRE for 2010-2011 school year

Chapter Name Spring Grove Area Scholarship Foundation

*See reverse side for instructions to assist in completing this form.

A. STUDENT

Last Name First Name Middle Initial Social Security Number
Permanent Mailing Address: Street
City State Zip Daytime Phone Number

B. CERTIFICATION AND SIGNATURES

CERTIFICATION: All of the information on this form is true and complete to the best of my (our) knowledge. If asked by an authorized official of CSFA, I (we) agree to give proof of the information that I (we) have given on this form. I (we) realize that this proof may include a copy of my (our) 2009 U.S. and/or state income tax return. I (we) also realize that if I (we) do not give proof when asked, the student may not receive aid.

Applicant's Signature
Parent's Signature
Date Completed _____

C. PARENTS' INCOME, EXPENSE, AND ASSET DATA (for the year January 1 to December 31, 2009): The applicant's parent(s) must complete the following section. NOTE: If legally classified as an independent student, use this section to supply your (and your spouse's, if any) financial information. Indicate whether the information is from one of the following:

- Estimates based on current income information to be filed by April 15, 2010.
A completed tax return - IRS FORM 1040 filing date of April 15, 2010.

1. Adjusted gross income (FORM 1040) \$
2. Total federal tax paid (FORM 1040) \$
3. Total income of father (or self if independent student) \$
Total income of mother \$
4. Yearly untaxed income and benefits (i.e. Social Security, AFDC, child support, other) \$
5. Medical/Dental expenses not paid by insurance (exclude premiums) \$
6. Total cash, checking, savings, cash value of stocks, etc. (exclude retirement plan funds, IRA, 401(K)) \$
7. Total number of family members living in the household and primarily supported by reported income #

D. ADDITIONAL INFORMATION

Parents' or independent student's current marital status is Single Married Separated Divorced Widowed
Total number of family members, including applicant, who will be attending a post-secondary school at least 1/2 time during the 2010-2011 school year: #

NOTE: Please place the completed Financial Assistance Questionnaire in the envelope provided and return with the SGASF scholarship application. If a Financial Assistance Questionnaire is not submitted with the scholarship application, the amount of any award will be determined on the basis of zero financial need.



A program of Citizens' Scholarship Foundation® of America

INSTRUCTIONS FOR COMPLETING THE FINANCIAL ASSISTANCE QUESTIONNAIRE

- A. **APPLICANT INFORMATION:** The scholarship applicant's name should appear on the first line on the FAQ; however, the parents of the applicant must complete the questionnaire. An exception is if the applicant is legally classified as an independent student. The independent student must supply his/her financial information.
- B. **CERTIFICATION AND SIGNATURES:** Both the student and the parent completing the FAQ must sign this form. Parent's signature is not required for an independent student. Please read the certification.
- C. **PARENTS' INCOME, EXPENSE AND ASSET DATA:** Information on this form must be from the parents' completed tax return or based on estimated information to be filed by April 15, 2010. Be sure to check the appropriate box.
1. **Adjusted gross income** can be found on IRS FORM 1040 and is gross income reduced by specific adjustments allowed by law.
 2. **Total federal tax paid** includes the total amount of federal income tax to be paid as reported on IRS FORM 1040. This is not the amount withheld from employee paychecks. (The amount withheld should be adjusted by any refund or additional taxes due.) Do not report state income tax.
 3. **Total income** earned should be reported individually for both parents. If the student resides with only one parent, CSFA prefers to receive financial information from both natural parents, when possible. Financial information must be received from the parent who claims the child as a dependent for tax purposes. If a parent has remarried, the spouse's information is required if the spouse is a legal guardian of the student, or claims the student as a dependent, or the student is included in the spouse's benefit plan. If necessary, two Financial Data sections may be submitted by the student. A copy of the Financial Data section may be made in order for one to be completed by each parent.
 4. **Untaxed income and benefits** include any other income or benefits not included in the adjusted gross income figure. Do not include untaxed contributions to retirement plans.
 5. **Medical and dental expenses** include only those expenses not paid by insurance. Do not include premium payments.
 6. **Total cash, checking, savings, cash value of stocks, etc.** include liquid assets that can be used for educational expenses. IRA, 401K, or other retirement plan funds are not included.
 7. **Total number of family members** living in the household and primarily supported by the above income includes dependent college students living away from home.
- D. **ADDITIONAL INFORMATION:** Be sure to check the appropriate box giving the current marital status of the persons for whom financial information is being submitted.
- Include the total number of all family members attending post-secondary school at least halftime. (Post-secondary school includes any two-or four-year college or vocational school.) **Be sure to include the applicant in this number.**
- E. Place the completed Financial Assistance Questionnaire in the envelope provided and return with the SGASF scholarship application.

NOTE: If a Financial Assistance Questionnaire is not submitted with the scholarship application, the amount of any award will be determined on the basis of zero financial need.

(Over for questionnaire →)