



SCHOLAR AIDS

PARENT INFORMATION

Parent A Last Name, First Name, Middle Initial (Primary Parent)		Parent B Last Name, First Name, Middle Initial	
Social Security Number	E-mail address	Social Security Number	E-mail address
Relationship to the student: <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Legal Guardian <input type="checkbox"/> _____		Relationship to the student: <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Legal Guardian <input type="checkbox"/> _____	
Home Phone Number	Cell Phone Number	Home Phone Number	Cell Phone Number
Home (Physical) Address, Apt. #			
Home City, State, Zip			Home County
Mailing Address (<i>if different from above – PO Box acceptable</i>)			
Mailing City		Mailing State	Mailing Zip
Parent A Employed By	Work Phone	Parent B Employed By	Work Phone

HOUSEHOLD INFORMATION

1) Number of people who lived in your home during 2019: Parents/Guardians _____ + Children _____ + Others _____ = Total of above _____ (This is your "household size")	2) What is the language spoken in your home? _____ <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Creole <input type="checkbox"/> Other
3) What is your annual household income? <input type="checkbox"/> \$0.00 – 10,000 <input type="checkbox"/> \$10,000 – 20,000 <input type="checkbox"/> \$20,000 – 30,000 <input type="checkbox"/> \$30,000 – 40,000 <input type="checkbox"/> \$40,000 – 50,000 <input type="checkbox"/> \$50,000 – 60,000 <input type="checkbox"/> \$60,000 – 70,000 <input type="checkbox"/> Other: _____ <input type="checkbox"/> No Reportable Income	4) What is PARENT A's marital status today? <input type="checkbox"/> Single, never Married <input type="checkbox"/> Divorced <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Living w/ other <input type="checkbox"/> Divorced/Remarried

HOUSEHOLD MEMBERS CLARIFICATION and B during 2019

List all people who lived with Parents A

Name	Relationship	Age	Did they file a 2019 Federal Tax Return?	Total Earnings in 2019	Who claimed them in 2019 on their taxes?
			<input type="checkbox"/> Yes <input type="checkbox"/> No		
			<input type="checkbox"/> Yes <input type="checkbox"/> No		
			<input type="checkbox"/> Yes <input type="checkbox"/> No		
			<input type="checkbox"/> Yes <input type="checkbox"/> No		

STUDENT INFORMATION

Student #1 Last Name, First Name, Middle Initial:		Date of Birth (MM/DD/YY)	<input type="checkbox"/> Under 18
Student SS#:		Student Gender:	<input type="checkbox"/> Female <input type="checkbox"/> Male
Student Relationship to Parent/Guardian A: <input type="checkbox"/> Child/Stepchild <input type="checkbox"/> Grandchild <input type="checkbox"/> Niece/Nephew <input type="checkbox"/> Other (Explain) _____			
Race: <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Black, non-Hispanic <input type="checkbox"/> Hispanic <input type="checkbox"/> Mixed Race <input type="checkbox"/> Pacific Islander <input type="checkbox"/> White, non-Hispanic			
Grade Level Student will be entering in August of 2020:			
Name of School attended 2019-2020:			
School County attended in 2019-2020:			
Type of School attended in 2019-2020:		<input type="checkbox"/> Public <input type="checkbox"/> Private <input type="checkbox"/> Home School <input type="checkbox"/> Charter <input type="checkbox"/> Virtual <input type="checkbox"/> Not Applicable	
Does this student receive any of the following? <input type="checkbox"/> TANF <input type="checkbox"/> Food Stamps <input type="checkbox"/> FDPIR <input type="checkbox"/> Free/Reduced Lunch <input type="checkbox"/> Title 1			
Has the student ever been placed in foster care or out of home care? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Student #2 Last Name, First Name, Middle Initial:		Date of Birth (MM/DD/YY)	<input type="checkbox"/> Under 18
Student SS#:		Student Gender:	<input type="checkbox"/> Female <input type="checkbox"/> Male
Student Relationship to Parent/Guardian A: <input type="checkbox"/> Child/Stepchild <input type="checkbox"/> Grandchild <input type="checkbox"/> Niece/Nephew <input type="checkbox"/> Other (Explain) _____			
Race: <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Black, non-Hispanic <input type="checkbox"/> Hispanic <input type="checkbox"/> Mixed Race <input type="checkbox"/> Pacific Islander <input type="checkbox"/> White, non-Hispanic			
Grade Level Student will be entering in August of 2020:			
Name of School attended 2019-2020:			
School County attended in 2019-2020:			
Type of School attended in 2019-2020:		<input type="checkbox"/> Public <input type="checkbox"/> Private <input type="checkbox"/> Home School <input type="checkbox"/> Charter <input type="checkbox"/> Virtual <input type="checkbox"/> Not Applicable	
Does this student receive any of the following? <input type="checkbox"/> TANF <input type="checkbox"/> Food Stamps <input type="checkbox"/> FDPIR <input type="checkbox"/> Free/Reduced Lunch <input type="checkbox"/> Title 1			
Has the student ever been placed in foster care or out of home care? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Student #3 Last Name, First Name, Middle Initial:		Date of Birth (MM/DD/YY)	<input type="checkbox"/> Under 18
Student SS#:		Student Gender:	<input type="checkbox"/> Female <input type="checkbox"/> Male
Student Relationship to Parent/Guardian A: <input type="checkbox"/> Child/Stepchild <input type="checkbox"/> Grandchild <input type="checkbox"/> Niece/Nephew <input type="checkbox"/> Other (Explain) _____			
Race: <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Black, non-Hispanic <input type="checkbox"/> Hispanic <input type="checkbox"/> Mixed Race <input type="checkbox"/> Pacific Islander <input type="checkbox"/> White, non-Hispanic			
Grade Level Student will be entering in August of 2020:			
Name of School attended 2019-2020:			
School County attended in 2019-2020:			
Type of School attended in 2019-2020:		<input type="checkbox"/> Public <input type="checkbox"/> Private <input type="checkbox"/> Home School <input type="checkbox"/> Charter <input type="checkbox"/> Virtual <input type="checkbox"/> Not Applicable	
Does this student receive any of the following? <input type="checkbox"/> TANF <input type="checkbox"/> Food Stamps <input type="checkbox"/> FDPIR <input type="checkbox"/> Free/Reduced Lunch <input type="checkbox"/> Title 1			
Has the student ever been placed in foster care or out of home care? <input type="checkbox"/> Yes <input type="checkbox"/> No			

TAXABLE INCOME

1) Total number of dependents listed on 2019 Form 1040	#
2) Total Income Reported on 2019 Form 1040-line 7b (Attach a signed copy of the tax return, including all schedules and forms and all Forms W-2)	\$
3) Net business income* from self-employment, farm, rentals, and other businesses from Form 1040, Schedule 1, lines 3, 5, and 6 (Attach Schedules C, E, and/or F from your 2019 Form 1040)	\$

NON-TAXABLE EARNINGS AND ASSISTANCE

1) Child Support	\$	6) Cash Assistance (TANF)	\$
2) Social Security income (SSA/SSD, etc.)	\$	7) Food Stamps	\$
3) Other non-taxable income (Working for cash, Adoption and/ or Foster Subsidy, Worker's Comp., Disability, Pension / Retirement, etc.)	\$	8) Housing Assistance (Sec. 8, HUD, parsonage, etc.)	\$

UNUSUAL CIRCUMSTANCE

<input type="checkbox"/> Loss of job	<input type="checkbox"/> Child support reduction	<input type="checkbox"/> Bankruptcy
<input type="checkbox"/> Recent separation/divorce	<input type="checkbox"/> Change in family living status	<input type="checkbox"/> Became eligible for disability insurance
<input type="checkbox"/> Change in work status	<input type="checkbox"/> Death in the household	<input type="checkbox"/> Became eligible for social security
<input type="checkbox"/> Income reduction	<input type="checkbox"/> Change in custody	<input type="checkbox"/> Other

Provide a brief explanation of the situation and attach documentation for all circumstances checked above:

AUTHORIZATION

- I authorize ScholarAids to speak on my behalf make inquiries toward the status of any completed and uncompleted scholarship applications.
- I authorize ScholarAids to make actionable changes and updates toward any scholarship applications that have been completed or are pending completion.

SIGNATURE(S)

Name: _____

Signature: _____

Name: _____

Signature: _____