



North Carolina Community Foundation Scholarship Financial Information Form

not required for all scholarships

STUDENT NAME: _____

FAMILY INFORMATION

Name of father/stepfather/guardian who assists with your expenses _____

Occupation _____ Employer _____

Name of mother/stepmother/guardian who assists with your expenses _____

Occupation _____ Employer _____

Check if Applicable Father Deceased Mother Deceased Parents Separated Parents Divorced

List names, ages, and college (if applicable) of siblings supported by the parent(s) who support you:

Name	Age	Grade/College Class Year (if applicable)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

FINANCIAL INFORMATION *

Use your Federal Income Tax Return (IRS Form 1040) to determine adjusted gross income figures.

Total number in household that head(s) of household will support in coming school year _____

Total number in household in a college degree/certificate program in coming school year _____

Head(s) of household's total adjusted gross income for prior tax year \$ _____

Head(s) of household's total cash assets (cash, checking, savings, and/or investments, *excluding* retirement accounts and primary home equity) \$ _____

Student's adjusted gross income for prior tax year (if *not* head of household) \$ _____

Student's total cash assets (if *not* head of household) \$ _____

If you wish, you may include a Supplementary Financial Statement explaining circumstances impacting financial need that are not apparent from the above financial information, for example, contributions expected/not expected from a non-custodial parent, educational expenses already incurred for older siblings, medical expenses, daycare, etc.

In addition to the information above, you must include a copy of your Student Aid Report (SAR), obtained by filing the Free Application for Federal Student Aid (FAFSA), before any potential funding is approved. **It is your responsibility to complete the FAFSA application (available online at www.fafsa.ed.gov) and to provide a copy of your SAR to us as documentation of financial need.** **If you cannot obtain an SAR before the due date for your scholarship, please consult the scholarship administrator for further instruction.**

I certify that the information provided above is complete and accurate to the best of my knowledge.

Signature of Head of Household

Date