

I. STUDENT INFORMATION:

NAME: _____ BIRTHDATE: ____/____/____ M ____ F ____
(Last) (First) (M.I.)

SOCIAL SECURITY #: _____ - _____ - _____ MARITAL STATUS: _____ Number of children or other dependents of student: _____

STUDENT'S ANNUAL INCOME & EXPENSES	2020 ACTUAL or ESTIMATED	2021 ESTIMATED SUMMER	2021 – 2022 ESTIMATED SCHOOL YEAR	DO YOU PLAN TO APPLY FOR WORK STUDY? (Yes or No)
Wages, Salaries, Tips, Work Study, etc.	\$	\$	\$	
* Social Security Benefits Mo/Yr SS Benefits end:	\$	* Reason for receiving Social Security Benefits:		
Est. Financial Assistance from Parents for College per year	\$	Amount of 529 Plan (if any)		\$

STUDENT'S ASSETS AND INDEBTEDNESS	PRESENT VALUE	BALANCE OWED
Cash, Savings, Checking Accounts	\$	
Investments, Stocks, Bonds, Mutual Funds, etc.	\$	
Real Estate Owned or Purchasing	\$	\$
Credit Card, Loan, or Other Indebtedness		\$
Student Use Auto: Yr/Make/Model: _____ Who owns this vehicle? _____ Who pays insurance/gas? _____	\$	\$

ALL OTHER VEHICLES IN HOUSEHOLD:

YEAR	MAKE / MODEL	BALANCE OWED
		\$
		\$
		\$

II. PARENTS' CONFIDENTIAL STATEMENT:

NAME OF MALE PARENT / STEPFATHER / OR GUARDIAN

IN RESIDENCE: _____ AGE: _____
(Circle)

EMPLOYER: _____ SELF-EMPLOYED? Y N YRS. WITH EMPLOYER: _____

CITIZEN OF: _____ (Country) *If not U.S. citizen,* how long in U.S.? _____ yrs. MARITAL STATUS: _____

NAME FEMALE PARENT / STEPMOTHER / OR GUARDIAN

IN RESIDENCE: _____ AGE: _____
(Circle)

EMPLOYER: _____ SELF-EMPLOYED? Y N YRS. WITH EMPLOYER: _____

CITIZEN OF: _____ (Country) *If not U.S. citizen,* how long in U.S.? _____ YRS. MARITAL STATUS: _____

PARENTS' ANNUAL INCOME	ACTUAL 2019 (per tax return)	ACTUAL or ESTIMATED 2020 (per tax return)	ESTIMATED 2021	ESTIMATED 2022
Salaries, Wages (Male Parent in residence)	\$	\$	\$	\$
Salaries, Wages (Female Parent in residence)	\$	\$	\$	\$
Interest & Dividends	\$	\$	\$	\$
Social Security Benefits	\$	\$	\$	\$
Child Support / Welfare / VA / Housing Allowance / Other (List below or on back all assistance received)	\$	\$	\$	\$

PARENTS' ASSETS & INDEBTEDNESS

HOME – if owned or being purchased Year Purchased: _____ @ Price \$ _____	Est. Present Market Value \$ _____	Unpaid Mortgage or Debt \$ _____
HOME–if renting, amount of monthly rent: \$ _____		
OTHER REAL ESTATE: (Identify <u>all</u> properties)	\$ _____	\$ _____
STOCKS, BONDS, MUTUAL FUNDS, ETC. (Not in an IRA or other retirement fund)	\$ _____	
IRA, 401K, or OTHER RETIREMENT FUND	\$ _____	
IF YOU OWN A BUSINESS (YOUR SHARE)	\$ _____	\$ _____
CASH, SAVINGS & CHECKING ACCOUNTS	\$ _____	
OTHER DEBTS (Auto, Furniture, Credit Cards, etc.)		\$ _____

PROVIDE INFORMATION FOR ALL COLLEGE STUDENTS (2020-2021 SCHOOL YR) IN FAMILY EXCEPT APPLICANT:

NAME OF STUDENT	AGE	COLLEGE ATTENDING	YEAR: F-S-J-SR	TOTAL ANNUAL COST	ACTUAL COST TO PARENTS	MO/YR GRADUATING
				\$	\$	
				\$	\$	
				\$	\$	

III. COMPLETE INFORMATION FOR DIVORCED/SEPARATED (OR NEVER MARRIED) PARENTS ONLY:
(Leave blank if natural parents are married and living together.)

NON-RESIDENT
PARENT'S NAME: _____ U.S. CITIZEN? Y N
(Circle)

ADDRESS: _____
(City) (State) (Zip)

EMPLOYER: _____ SELF-EMPLOYED? Y N YEARS W/ EMPLOYER: _____
(Circle)

CURRENT MARITAL STATUS: _____ NUMBER OF OTHER CHILDREN: _____ AGES: _____
(Step- or half-siblings to applicant)

DATE DIVORCED OR SEPARATED FROM APPLICANT'S PARENT: _____

AMOUNT OF CHILD SUPPORT CUSTODIAL PARENT RECEIVED FOR ALL CHILDREN IN PRIOR YEAR _____

PER COURT ORDER, WHAT IS ENDING DATE OF CHILD SUPPORT FOR APPLICANT? _____

WHO CLAIMED STUDENT APPLICANT AS A TAX DEPENDENT? _____

WHEN WAS THE LAST CONTACT WITH THIS (ABSENT) PARENT? _____

WILL THIS (ABSENT) PARENT PROVIDE ASSISTANCE FOR COLLEGE? Y N AMOUNT: \$ _____
(Circle)

EXPLAIN: _____

ABSENTEE PARENT'S ANNUAL GROSS INCOME \$ _____ (per tax return)

IV. CERTIFICATION AND AUTHORIZATION:

We declare that the information reported herein is true, correct and complete. We understand that false information or failure to provide documentation may result in denial or discontinuation of aid. Further, by signing below, we authorize the Hamman Foundation to publish the applicant's name if awarded the Hamman Scholarship. We understand that all tax returns and other information provided will be for the confidential use of the Foundation and agree to hold harmless the George and Mary Josephine Hamman Foundation for any unintended use of any information provided.

Student's Signature_____
Date Completed_____
Male Parent in Residence Signature_____
Female Parent in Residence Signature

NOTE: This form must be signed (Digital Signatures are not acceptable).

The online scholarship application and all related attachments must be received by the Foundation no later than 4:00 pm, February 16th of the student's senior year (if this date falls on a weekend, the application should be submitted no later than 4:00 pm on the preceding Friday).