GEORGE AND MARY JOSEPHINE HAMMAN FOUNDATION
FINANCIAL QUALIFICATION STATEMENT
HIGH SCHOOL ACADEMIC YEAR 2025 – 2026

(Leave no blanks; "None" is acceptable)

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	2025 ACTUAL or ESTIMATED	2026 ESTIMATED SUMMER	2026 – 2027 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: _____

Contact Information: Phone _____ Email: _____

EMPLOYER:_____ SELF-EMPLOYED? *(Circle)* 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: _____

Contact Information: Phone _____ Email: _____

EMPLOYER:_____ SELF-EMPLOYED? *(Circle)* 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 2024 *(per tax return)***	***ACTUAL or ESTIMATED 2025 (per tax return)***	**ESTIMATED 2026**	**ESTIMATED 2027**
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

	Est. Present Market Value	Unpaid Mortgage or Debt
HOME – <u>if owned or being purchased</u> Year Purchased: _____ Purchase Price: $ _____ Monthly Mortgage Payment: $ _____	$	$
HOME– <u>if renting</u>, 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 (2025-2026 SCHOOL YR) IN FAMILY *<u>EXCEPT</u> 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:_____

OCCUPATION:_____

(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).