



NEED-BASED SCHOLARSHIP APPLICATION

PART II. FINANCIAL INFORMATION

DOCUMENTED PROOF OF ANNUAL FAMILY INCOME IS MANDATORY

Section 1. Total Household Gross Income (include form 1040, 1040A, 1040EZ, I-20)

1. Adjusted Gross for Last Completed Tax Year: \$ _____ Year: _____

2. Estimated Adjusted Gross for Current Tax Year: \$ _____

3. Number of Persons in Household Supported by this Income: _____

4. Names of Everyone in Household	Example: \$100/monthly \$100/twice a month \$100/every other week \$100/weekly				5. Check if NO income
	Net Earnings (after deductions)	Welfare, child support, alimony	Pensions, retirement, Social Security	All Other Income	
(Example) Jane Smith	\$200/weekly	\$150/weekly	\$100/monthly	\$ ____/____	<input type="checkbox"/>
	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____	<input type="checkbox"/>
	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____	<input type="checkbox"/>
	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____	<input type="checkbox"/>
	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____	<input type="checkbox"/>
	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____	<input type="checkbox"/>

Section 2. Additional Expenses

1. Please list and explain any additional expenses not reflected in adjusted gross income:

2. Please explain any other special circumstances that bear on your need for Scholarship assistance. Also, if you expect a change in income (up or down) this academic year please note here (attach a separate page if necessary):

Section 3. Signature and Social Security Number of Person Completing Form (Adult must sign)

An adult household member must sign the application. The adult signing the form must also list his or her Social Security Number or mark the "I do not have a Social Security Number" box.

I certify (promise) that all information on this application is true and that all income is reported.

Sign here: X _____ Print name: _____

Social Security Number: ____ - ____ - ____ I do not have a Social Security Number

For Office Use Only:

Date Received: _____

Award: Y/N Amount Owed By Student: \$ _____ Annual or Quarterly Owe (circle)

Submit completed application with registration form and required documentation to ACMS, 551A Glidden Hall, Ohio University, Athens, OH 45701. You will be contacted by phone and letter with amount of award.