



**FINANCIAL STATEMENT**

- If applicant is a dependent student, parents fill out section A and B
- If applicant is independent student, fill our sections B and C for yourself and your spouse, if appropriate.

**Independent Student:**

- 24 years of age or older by December 31 of the award year
- An orphan (both parents deceased), ward of the court, or was a ward of the court until the age of 18
- A veteran of the Armed Forces of the United States
- A married individual
- Have legal dependents other than a spouse
- A student for whom a financial aid administrator makes a documented determination of independence by reason of unusual circumstances

<b>A. PARENT OR GUARDIAN INFORMATION:</b> <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed	
<b>Mother/Stepmother/Guardian</b>	<b>Father/Stepfather/Guardian</b>
<b>Name:</b>	<b>Name:</b>
<b>Age:</b>	<b>Age:</b>
<b>Address:</b>	<b>Address:</b>
<b>Occupation:</b>	<b>Occupation:</b>
<b>Annual Income:</b>	<b>Annual Income:</b>

**Total Number of Dependent Children in the Household and their ages:** \_\_\_\_\_

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**Number of Foster Children Living in Household:** \_\_\_\_\_

**B. ALL APPLICANTS –**

**Please use this space to let the Scholarship Committee know if there are any extenuating financial circumstances that they should consider.** For example: student loan payments, medical payments, credit card payments, back taxes, etc. that would not be considered in your FAFSA report.

**C. INDEPENDENT STUDENT:**  Married  Single  Divorced  Separated  Widowed

<b>Student</b>	<b>Spouse (if applicable)</b>
<b>Name:</b>	<b>Name:</b>
<b>Age:</b>	<b>Age:</b>
<b>Address:</b>	<b>Address:</b>
<b>Occupation:</b>	<b>Occupation:</b>
<b>Annual Income</b>	<b>Annual Income</b>