# 2022 Taft Summer School Day Student Scholarship Application 

All information is treated with complete confidentiality.

## A. Student's Name:

Address:
B.Parent 1Step-parent 1GuardianParent 2

## Step-parent 2

Name:
Occupation: $\qquad$
Employer:
Yrs. with Firm:full-time part-time

Gross salary per month before deductions: \$

## Name:

Occupation:
Employer: $\qquad$
Yrs. with Firm: $\qquad$ $\square$ full-timepart-time

Gross salary per month before deductions: $\$$
C. Other Income:

Dividend and/or interest income: $\quad \$$
Alimony received: $\$$ $\qquad$
Untaxed portion of payments to IRA:
\$
Keogh plan payments/SEP deduction: $\qquad$
Child Support: $\$$
Joint Gross Income: $\qquad$ Joint Net Income:
\$
Income tax paid for 2021 by both parents (jointly and/or separately):
Income tax refunded for 2021 to both parents (jointly and/or separately):
$\$$
$\$$
D. Current Value of:

| Parents' Stocks: | $\$$ |  | Student's Stocks: | $\$$ |
| :--- | :--- | :--- | :--- | :--- |
| Parents' Bonds: | $\$$ |  |  |  |
| Parents' Mutual Funds: | $\$$ |  |  | $\$$ |

F. Does student have additional income not listed above?No
$\square$ Yes
(If yes, please enumerate the nature of asset, how obtained, and the value):
G. Indebtedness, except for mortgage, (please enumerate):


|  | $\$$ |  |
| :--- | :--- | :--- |
| H. Mortgages | Primary Residence | Second Home |
| Amount: | $\$$ | $\$$ |
| Monthly Payment: | $\$$ | $\$$ |
| Years left to pay: | $\$$ | $\$$ |

I. Do you have a second mortgage/equity loan on any of the above?

Amount:
$\$$
$\$$
$\$$ $\qquad$

Monthly Payment:
Years left to pay:
$\qquad$

## Second Home

$\$$
$\$$
$\$$
$\$$
\$
$\$$
J. Do you own a $\quad \square$ Business or a $\square$ Farm?

Capital value of your share of business or farm: \$
K. Resources available for the Summer Program (please be as realistic as possible):

| From Parents' Income: | $\$$ |
| :--- | :--- |
| From Parents' Assets: | $\$$ |
| From Student's Assets: | $\$$ |
| From Friends/Relatives: | $\$$ |
| From other Sources: | $\$$ |
|  | Total |
|  | $\$$ |

L. Other Children in the Family:

| Child's Name | Age | School |  | Fin. Aid Amount$\$$ |  |
| :---: | :---: | :---: | :---: | :---: | :---: |
| 1 |  |  | \$ |  |  |
| 2 |  |  | \$ | \$ |  |
| 3 |  |  | \$ | \$ |  |
| 4 |  |  | \$ | \$ |  |

## M. Please use an additional sheet of paper if you wish to comment on the following:

1) Any special circumstance(s) that would affect financial resources: Illness, partial support, divorce/separation agreements regarding alimony and/or child support, etc.
2) Any additional information that you feel might be pertinent.

## I certify that the above information is accurate.

## N. Signature of Parents/Guardians:

$\qquad$
$\qquad$

