



# Scholarship Foundation



## 2017 EMA SCHOLARSHIP PROGRAM STUDENT AID REPORT

If you are a dependent, your parents or guardians must complete and submit this report.  
If you are self-supporting and solely responsible for funding your college education, please complete the form yourself.

**This form must be postmarked by March 31, 2017.**

Financial information provided below pertains to:  Parent  Self  Married Couple

Name\*: \_\_\_\_\_  
(\*person completing form) Last First Middle

Mailing Address: \_\_\_\_\_  
Street City ST Zip

Country: \_\_\_\_\_ Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

1. Applicant's parents' marital status as of today is?  Married  Single  Separated/Divorced
2. How many people are in your household? \_\_\_\_\_
3. How many in your household will be college students between July 2017 and June 2018? \_\_\_\_\_
4. What income tax return did you file for 2015 – *or most recent year of filing*?  
 IRS 1040  IRS1040A  1040EZ  Other (explain) \_\_\_\_\_
5. Total current balance of cash, savings, checking accounts, and college savings account (i.e. 529 plan): \_\_\_\_\_
6. Please include a copy of **the first two pages** of you or your parent/guardian's **2015 – or most recent –** federal tax return (1040, 1040A, 1040 EZ or 1099 SSA-Social Security form) or tax transcript (request a tax transcript here [www.irs.gov/Individuals/Order-a-Transcript](http://www.irs.gov/Individuals/Order-a-Transcript)). This is needed in order to verify income stated on the application.

**Please read, sign and date.**

**By signing this application, you agree, if asked to provide information that will verify the accuracy of your completed form. Also, you certify that you will use student financial aid only to pay the cost of attending an institution of higher education.**

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date this form was completed

\_\_\_\_\_  
Parent Signature  
(one parent, if information is provided above)

\_\_\_\_\_  
Date this form was completed

\_\_\_\_\_  
Spouse's Signature (if information is provided above)

\_\_\_\_\_  
Date this form was completed