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## PART I: APPLICANT INFORMATION

This part of the Application consists of the following 5 sections, each of which must be completed in order to submit your Application.

1. Applicant Information
2. Profile
3. Credentials
4. General Financial Information
5. Certification

<b>APPLICANT INFORMATION</b>	
FIRST NAME:	
MIDDLE INITIAL:	
LAST NAME:	
HOME TELEPHONE:	
E-MAIL ADDRESS:	
MAILING ADDRESS, CITY, STATE, ZIP:	
SOCIAL SECURITY #, BIRTH CERTIFICATE, DRIVER'S LICENSE, OR PASSPORT:	
<b>APPLICANT PROFILE</b>	
AGE:	
DATE OF BIRTH:	
GENDER (OPTIONAL):	
MARITAL STATUS (OPTIONAL):	

## APPLICANT CREDENTIALS

LAST SCHOOL ATTENDED:			
CITY:			
STATE:			
GRADUATION DATE:			
OVERALL GPA:			
DATE OF ACT OR SAT EXAM:			
ACT COMPOSITE SCORE:			
SAT SCORE	CRITICAL READING:	MATH:	WRITTEN:
LIST EXTRACURRICULAR ACTIVITIES, INTERESTS, HONORS / AWARDS:			
EMPLOYMENT: Attach resume to supplement the employment information provided in this section, if applicable.			
	EMPLOYER	POSITION	HOURS/WK
COLLEGE CREDIT GRANTED:	NAME OF COLLEGE OR SCHOOL GRANTING COLLEGE CREDIT:		NUMBER OF CREDITS RECEIVED FROM EACH INSTITUTION:
OTHER INFORMATION WE SHOULD KNOW ABOUT YOU:			

## GENERAL FINANCIAL INFORMATION

<p>If applicable, how will you be financing your college education?</p>	Tuition and educated-related expenses:	+	\$
	Your expected contribution:	-	\$
	Expected family contribution:	-	\$
	Other grants/ scholarship contribution federal/state loans:	-	\$
	Total Amount Requested:	=	\$
<p>What are the reasons for requesting these funds? Please note any extenuating financial circumstances (medical, job loss, unusual expenses, etc.) or significant family expenses, including college or day school tuitions. <i>Please keep this section short as space is limited.</i></p>			
<p>How will this scholarship impact your future plans? <i>Please keep this section short as space is limited.</i></p>			
<p>Is there any other financial information that we should know about you? This is your opportunity to include information that is not contained in other areas of the application. Please be specific. <i>Please keep this section short as space is limited.</i></p>			

## CERTIFICATION

I hereby certify that the information I have submitted is correct. I authorize the release of this information to members of the Foundation Scholarships Committee and will provide additional information or verification upon request.

BY SIGNING, I CERTIFY THAT  
THE FOREGOING DISCLOSURES  
ARE TRUE AND CORRECT:

APPLICANT'S NAME:

DATE SIGNED BY APPLICANT:

TRANSCRIPT REQUEST:

Please confirm that a copy of your official transcript has been emailed to [sjbstraus@gmail.com](mailto:sjbstraus@gmail.com) by your school.

PICTURE:

Please attach a copy of a current photo of yourself if you are unable to insert a picture of yourself in the space provided below.

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## **PART II: DETAILED DEPENDENT AND FINANCIAL INFORMATION**

This Part of the Application consists of the following 5 sections, each of which must be completed in order to submit your Application.

1. Status as a dependent
2. Information about applicant's parents (if applicant is claimed as a dependent)
3. Other dependents (if applicant is claimed as a dependent)
4. Detailed Financial Information
5. Certification

### **STATUS AS A DEPENDENT**

Will the applicant be claimed as a dependent (as either a "qualifying child" or a "qualifying relative") on someone else's tax return?

Yes

No

If the applicant will be claimed as a dependent on another person's tax return, fill out the next three sections with information about the applicant's parents or other person that will claim the applicant as a dependent.

If the applicant will not be claimed as a dependent on anyone else's tax return, skip to the Detailed Financial Information section.

**INFORMATION ABOUT PARENT #1 OR OTHER PERSON THAT WILL CLAIM APPLICANT AS A DEPENDENT**

SALUTATION:	
FIRST NAME:	
LAST NAME:	
HOME TELEPHONE:	
WORK TELEPHONE:	
E-MAIL ADDRESS:	
MAILING ADDRESS, CITY, STATE, ZIP:	
RELATIONSHIP TO SCHOLARSHIP APPLICANT:	

**INFORMATION ABOUT PARENT #2 OR SPOUSE OF PERSON LISTED ABOVE**

SALUTATION:	
FIRST NAME:	
LAST NAME:	
HOME TELEPHONE:	
WORK TELEPHONE:	
E-MAIL ADDRESS:	
MAILING ADDRESS, CITY, STATE, ZIP:	
RELATIONSHIP TO SCHOLARSHIP APPLICANT:	

## OTHER DEPENDENTS

This section requests information about the applicant's parents or other person that will claim the applicant as a dependent.

TOTAL NUMBER OF EXEMPTIONS CLAIMED ON TAX RETURN:	Please enter the total number of dependents you claim when filing your income tax return (include yourself, your spouse, dependent children, etc.).						
APPLICANT'S FRESHMAN YEAR:	Please enter the number of dependents who will be undergraduates in college (4-year maximum) at the same time that the applicant is in his or her freshman year. Do <b>not</b> include the applicant in these numbers.						
APPLICANT'S SOPHOMORE YEAR:	Please enter the number of dependents who will be undergraduates in college (4-year maximum) at the same time that the applicant is in his or her sophomore year. Do <b>not</b> include the applicant in these numbers.						
APPLICANT'S JUNIOR YEAR:	Please enter the number of dependents who will be undergraduates in college (4-year maximum) at the same time that the applicant is in his or her junior year. Do <b>not</b> include the applicant in these numbers.						
APPLICANT'S SENIOR YEAR:	Please enter the number of dependents who will be undergraduates in college (4-year maximum) at the same time that the applicant is in his or her senior year. Do <b>not</b> include the applicant in these numbers.						
LIST OF DEPENDENTS:	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%; text-align: center; border-bottom: 1px solid black;">NAME</th> <th style="width: 15%; text-align: center; border-bottom: 1px solid black;">AGE</th> <th style="width: 25%; text-align: center; border-bottom: 1px solid black;">CURRENT GRADE</th> </tr> </thead> <tbody> <tr> <td style="height: 100px;"> </td> <td> </td> <td> </td> </tr> </tbody> </table>	NAME	AGE	CURRENT GRADE			
NAME	AGE	CURRENT GRADE					

## DETAILED FINANCIAL INFORMATION

If the applicant will be claimed as a dependent, please provide the financial information for the applicant's parents (or other person that will claim the applicant as a dependent, and that person's spouse).  
 If the applicant will not be claimed by anyone as a dependent, please fill this section out with the applicant's financial information only.

### GROSS ANNUAL INCOME

Please enter the annual pretax income from the following:

	PARENT #1 BASE INCOME (CURRENT ANNUALIZED SALARY)
	PARENT #2 BASE INCOME
	INCOME FROM PROPERTY
	INCOME FROM OTHER SOURCES
<b>TOTAL</b>	

### ASSET INFORMATION

Please enter the asset information for the following:

	CASH, SAVINGS & CHECKING ACCOUNT
	REAL ESTATE (DO NOT INCLUDE FAMILY HOME)
	STOCKS & BONDS (DO NOT INCLUDE LIFE INSURANCE, RETIREMENT PLANS)
<b>TOTAL</b>	

### ADDITIONAL FINANCIAL INFORMATION

LEGAL GUARDIANS IN THE HOUSEHOLD:	HOW MANY OF THE APPLICANT'S LEGAL GUARDIANS LIVE IN THE SAME HOUSEHOLD WITH THE APPLICANT?
UNUSUAL FINANCIAL CIRCUMSTANCES:	EXPLAIN ANY EXTRAORDINARY OR UNUSUAL FINANCIAL CIRCUMSTANCES. IF APPLICANT DOES NOT LIVE IN THE COMMON HOUSEHOLD WITH BOTH LEGAL GUARDIANS, EXPLAIN HOW THE STUDENT QUALIFIES AS A DEPENDENT.
1040 ATTACHED:	Please attach the last three years' tax returns (first two pages only).



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**CERTIFICATION**

If the applicant will be claimed as a dependent, the applicant's parent or other person who will claim the applicant as a dependent must sign the following certification. If the applicant will not be claimed as a dependent, the applicant must sign.

I hereby certify that the information submitted in this application form is correct. I authorize the release of this information to members of the Foundation Scholarships Committee and will provide additional information or verification upon request.

BY SIGNING, I CERTIFY THAT THE FOREGOING DISCLOSURES ARE TRUE AND CORRECT:	
NAME:	
DATE SIGNED:	