

Homme Education Fund Financial Assistance Questionnaire

TYPE OR PRINT ALL INFORMATION EXCEPT SIGNATURES

Completeness and neatness ensure your application will be reviewed properly.

Application postmark deadline April 30

**FOR
SCHOLARSHIP
AMERICA
USE ONLY**

I.D. #	AA	PD	RIC/CS	GPA	SATCR	SATM	SATW	ACTC	TOTAL

**APPLICANT
DATA**

Last Name _____ First _____ Middle Initial _____

Permanent Home _____

Mailing Address _____ Apartment # _____

City _____ State _____ ZIP Code _____

Phone (_____) _____ Date of Birth: Month _____ Day _____ Year _____

Email Address _____

Please indicate your status. Married Unmarried

American Indian/Alaska Native

Black/African American

Multi-Racial

White

Asian

Hispanic/Latino

Native Hawaiian/Pacific Islander

**EMPLOYEE
PARENT
OR
GUARDIAN
INFORMATION**

Last Name _____ First _____ Middle Initial _____

Employee ID Number _____ Work Phone (_____) _____

Email Address _____

Employee's mailing address (if different from student's) _____

City _____ State _____

Relationship to Applicant _____ The applicant is a dependent of the employee Yes No

Employee is: Active full-time Retired Deceased (Date of death: Month _____ Year _____)

**POST-
SECONDARY
SCHOOL
DATA**

Name of postsecondary school you plan to attend . (If unknown, please list in order of preference the schools to which you have applied.) **Use official school names. Do not use abbreviations.**

_____ City _____ State _____

_____ City _____ State _____

4 yr. College or University

2 yr. Community or Junior College

Vocational-Technical School

Other, explain _____

Year in school next year: 1 2 3 4 5

Major or course of study: _____ Expected college graduation date: Month _____ Year _____

Student plans to enroll: Full-time Less than full-time

Degree sought: Bachelor Associate Certificate Other, explain _____

Student will: live on campus live off campus commute from home

If school choice is a public institution, applicant will pay: in-state resident tuition out-of-state tuition

HIGH SCHOOL DATA

School Name _____ High School Graduation Date: Month _____ Year _____
City _____ State _____ Phone (_____) _____

FINANCIAL DATA (REQUIRED)

The Haldeman-Homme employee must complete this portion of the application. Adjusted gross income and total federal income tax amounts should be from parents' most recently filed tax return. **To be considered for an award, this section must be filled out completely.**

- 1. State of Residence _____
- 2. Adjusted Gross Income (FORM 1040) \$ _____
- 3. Total Federal Tax Paid (FORM 1040) \$ _____
(Not the amount withheld from paychecks)
- 4. Total Income of Parent \$ _____
Total Income of Other Parent \$ _____
Total Income of Guardian \$ _____
- 5. Yearly Untaxed Income and Benefits:
Please indicate source –
 Social Security Child Support
 Other \$ _____
- 6. Medical and Dental Expenses not paid by insurance (exclude premiums) \$ _____
- 7. Total Cash, Checking, Savings, and Cash Value of Stocks (exclude retirement plan funds, IRA, 401k) \$ _____
- 8. Total number of family members living in the household and primarily supported by the reported income ...# _____
- 9. Marital status of employee parent or guardian:
 Married Divorced Separated Widowed Single
- 10. Of the total number of family members on line 8, number of students attending college at least half-time during the next school year (include applicant, exclude parents) ...# _____

OTHER AWARDS

Please list the name and annual amount of any grants or scholarships you have been awarded for the coming school year only.

Name of Award:	School to which award will be applied:	Amount:	Check One:
_____	_____	\$ _____	<input type="checkbox"/> Granted <input type="checkbox"/> Pending
_____	_____	\$ _____	<input type="checkbox"/> Granted <input type="checkbox"/> Pending

APPLICATION CHECKLIST

The student is responsible for submitting all materials to Scholarship America on time. **Incomplete applications will not be evaluated.** This application becomes complete and valid only when all of the following materials have been received:

- Student Application with completed Financial Data
- Current Complete Transcript(s) of Grades (including grading scale)

All materials, including transcript, must be addressed to:

Homme Education Fund
Scholarship America
One Scholarship Way
Saint Peter, MN 56082

Postmark deadline date April 30

CERTIFICATION

Scholarship America has the sole responsibility for selecting recipients based on criteria as set forth in the program's description. This application becomes the property of Scholarship America. (It is recommended you keep a copy for your files.)

I acknowledge decisions are final. I certify I meet eligibility requirements of the program as described in the guidelines and the information provided is complete and accurate to the best of my knowledge. If requested, I will provide proof of information, including an official transcript of grades and a copy of my U.S. Income Tax Return. Falsification of information may result in termination of any award granted.

Applicant's Signature _____ Date _____

Employee's Signature _____ Date _____