

PARENT(S) / GUARDIAN(S) / SPOUSE (If Applicable) INFORMATION

		MOTHER	FATHER	GUARDIAN	SPOUSE
P1.	Name				
P2.	Address (if other than applicant's)				
P3.	Age				
P4.	Current Marital Status				
P5.	Occupation				
	Number of years employed at same				
	Annual salary before taxes				
	this year estimated				
	last year actual				
	Other income (gifts, social security, child support, etc.)				
P6.	Assets / Expenses				
	Home (If Owned)				
	year purchased				
	purchase price				
	present assessed value				
	what is owed on mortgage				
	annual mortgage payments (including taxes)				
	If you do not own a home, indicate annual residence rental fees				
	Value of other real estate (Rental property, summer home, timeshare, etc.)				
	Capital Value of Business, if owned				
	Value of your share				
	Cash, Savings, Checking accounts, etc.				
	Other investments (stocks, bonds, CD's, 529 plans) DO NOT INCLUDE IRA's, 401k, 403(b) etc.				
	Car(s) - year and make				

P7. EXPLANATION OF SPECIAL CIRCUMSTANCES

Please explain any special family circumstances, unusual expenses, illness, debts, dependencies, retirement provisions, etc. that would allow a fair evaluation of your financial need.

**WITH THIS APPLICATION
PLEASE SUBMIT A COPY OF THE MOST RECENTLY FILED INCOME TAX RETURN
OF APPLICANT AND PARENT(S) / GUARDIAN(S) / SPOUSE (If Applicable)
DO NOT SUBMIT W-2 FORMS**

A8. I Agree to report to the Columbia High School Scholarship Committee, P.O. Box 315, Maplewood, NJ 07040, any scholarship grants and/or loans received after this application has been submitted. Failure to do so may jeopardize award.

Date _____
Month Day Year Signature of Applicant _____

APPLICANT EMPLOYMENT/VOLUNTEER INFORMATION

A9. Please give a brief statement of your employment during the school year and wages earned; also regular volunteer activities.

A10. Please give a brief statement of your activities last summer including wages earned, and what is planned for this summer including estimate of wages.

PLEASE READ CAREFULLY

Do not file your application unless every question is answered. If question does not apply, answer it by showing a dash (-). **Incomplete applications will not be reviewed for scholarship consideration.**

APPLICANT'S DECLARATION

The information contained in this application is true to the best of our knowledge. We authorize its use by the Columbia High School Scholarship Fund.

Date _____
Month Day Year Signature of Parent / Guardian / Spouse

Date _____
Month Day Year Signature of Applicant

ADDITIONAL COMMENTS: