

Community Honors, Awards, & Activities and After-School & Summer Jobs

Activity/Job	9	10	11	12	Offices Held/Job Title

Schools You Are Considering Attending:

1st Choice _____ Accepted? _____

2nd Choice _____ Accepted? _____

3rd Choice _____ Accepted? _____

What is your intended major? _____ Will you live on or off campus? _____

Diploma Type:

Academic Honor Diploma _____ Core 40 _____

Are you a 21st Century Scholar? _____

Financial Information:

Please have your parents complete this form using information from their most recent IRS tax return.

Gross Family Income: (may be subject to verification)

- | | |
|-----------------------|------------------------|
| ___ under \$20,000 | ___ \$61,000-\$80,000 |
| ___ \$21,000-\$40,000 | ___ \$81,000-\$100,000 |
| ___ \$41,000-\$60,000 | ___ over \$100,000 |

Is child support received in the household? _____

Is child support expended from the household? _____

Is Social Security income and/or disability payments received in the household? _____

Number of family members who will be attending college at least half-time _____

Number of children under age 18 living in household _____

Are there any personal and/or family conditions that should be considered in evaluating this application?

Explain: _____

I CERTIFY THAT ALL THE INFORMATION ON THIS APPLICATION IS TRUE AND COMPLETE TO THE BEST OF MY (OUR) KNOWLEDGE. If asked by any authorized official of the Community Foundation of Madison and Jefferson County, Inc, I (we) agree to give documentation for information given on this form. I (we) realize that this proof may include a copy of a U.S. tax return and or/state income tax return. I (we) realize that failure to comply with a request for further information may prevent the applicant from receiving any aid.

All parties involved in this application must sign this certification in order to have the application considered.

_____ Applicant	_____ Date
_____ Parent	_____ Date
_____ Parent	_____ Date
_____ Legal Guardian	_____ Date

Transcript:

A high school transcript must be attached to this application and your college counselor must sign below. DO NOT SEND SEPARATELY. This transcript must include your 7th semester grades.

_____ Counselor's Signature	_____ Date
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**APPLICATIONS MUST BE RECEIVED BY YOUR COUNSELOR
ON OR BEFORE NOON ON MARCH 7, 2011**