## **SCHOLARSHIP NAME:**

## **Durhamville ANM Veterans' Club Award**

| <b>APPLICANT</b> | NAME: |  |
|------------------|-------|--|
|                  |       |  |

**APPLICATION ATTACHED must be completed.** 

Eligible if you will attend 2/4 year college.

Return by the due date to the Counseling Office.

Due date: April 17, 2024

## APPLICATION FOR A.N. & M. VETERANS CLUB OF DURHAMVILLE DUE DATE: 4-17-24

(All information given below is for the use of the Scholarship Committee only and will be kept strictly confidential by them)

| Date:                   |                           |                         |                    |           |
|-------------------------|---------------------------|-------------------------|--------------------|-----------|
| Name of Applicant: _    | (Last)                    | (First)                 | (Middle)           | Age:      |
| Address:                |                           |                         | Phone:             |           |
| Parent of Guardian Na   | me(s):                    |                         |                    |           |
| Occupation and Emplo    | yer(s):                   |                         |                    |           |
| What institutions do yo | ou wish to attend?        |                         |                    |           |
| When do you plan to e   | nter?                     | Have you been a         | ccepted already? _ |           |
| What curriculum will y  | ou study?                 |                         |                    |           |
| Your present rank in Se | enior Class:              |                         |                    |           |
| List any names and add  | dresses of present or for | mer employers           |                    |           |
| s either parent deceas  | ed?                       | Separated               | I?                 |           |
|                         |                           | are dependent on parent |                    |           |
| Name                    | Age                       | School or Employe       | ed                 | Dependent |
|                         |                           |                         |                    |           |
|                         |                           |                         |                    |           |
| Other dependent in fa   | mily                      |                         |                    |           |

| Net taxable income as reported on NYS Income Tax report:  |
|---|
| Current year ending 12/31/  |
| Father:   |
| Mother:   |
| Joint Return: \$  |
| Applicant Income:   |
| Note: Net taxable income is the amount after all allowances; dependencies have been deducted. This is the figure needed to use on tax tables)           |
| List any other information which may clarify your financial status:   |
|   |
| Please give on this sheet any further statements you desire to make regarding your aims, needs or plans.  |
|   |
|   |
| I hereby declare that the statements given above are true and complete to the best of my knowledge.   |
| Date:   |
| Signature of applicant:   |
| Statement of Parent or Guardian:  |
| Having read the above statements, I declare that I believe them to be true and complete, to the best of my knowledge, and I approve of the application. |
| Date:   |
| Signature of Parent or Guardian:  |

| Applicant Budget Statements: Veterans Club of Durhamville  |  |  |  |  |
|--|--|--|--|--|
| Positions held in gainful employment: periods of employments, hours/wk average, total earnings, savings. Answer each specifically, use additional sheets if necessary. |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| Additional data to show financial need-be specific:  |  |  |  |  |
|  |  |  |  |  |
| State your plans for enrollment in an accredited college or university and estimate costs annually for each:   |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| State other applications you have made for scholarship aid give details: _   |  |  |  |  |
|  |  |  |  |  |
| Have you been granted scholarship aid?  If you give details:   |  |  |  |  |
| Have you been granted scholarship aid? If yes, give details:   |  |  |  |  |
|  |  |  |  |  |
| Do you expect scholarship aid from: PELL TAP College Other   |  |  |  |  |
| Give details of amounts expected:  |  |  |  |  |
|  |  |  |  |  |

| Parent statement:   |
|---|
| A. Father's annual income before taxes:   |
|   |
| B. Mother's annual income before taxes:   |
|   |
| C. Total value of bank accounts, stocks, bonds, other assets except home        |
|   |
| D. Total annual income:   |
|   |
| E. Family's total income from other sources (social security, VA benefits, etc) |
|   |
| F. Add lines A-E  |
|   |
| G. If you own, are buying a home state market value:                            |
|   |
| H. Enter total amount of mortgage on home:                                      |
|   |
| I. Amount reserved for college education of applicant:                          |
|   |
| J. Number of depends excluding Mom and Dad                                      |
|   |
| K. Number of dependents presently in college:                                   |
| in italiae of acpellacine presently in conege.                                  |