

**2009/10 Estimated Award Form**



For Scholarship America Use Only:
_____ complete: _____
_____ incomplete: _____
Reason _____

**APPLICANT DATA**

Last/Family Name \_\_\_\_\_ First/Given \_\_\_\_\_ Middle Initial \_\_\_\_\_

Permanent Home Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Country \_\_\_\_\_ Telephone \_\_\_\_\_ ( \_\_\_\_\_ ) \_\_\_\_\_

E-mail Address \_\_\_\_\_ Date of Birth: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**POST-SECONDARY SCHOOL DATA**

**I would like to receive an estimated award amount for the following (please check one):**

2009/2010 Full Academic Year (fall/winter/spring term) – not an option after June 15, 2009

2009 Fall term: Term start date (mm/yr) \_\_\_\_\_ Term end date (mm/yr) \_\_\_\_\_

2009/10 Winter/Spring term: Term start date (mm/yr) \_\_\_\_\_ Term end date (mm/yr) \_\_\_\_\_

2010 Summer term: Term start date (mm/yr) \_\_\_\_\_ Term end date (mm/yr) \_\_\_\_\_

Other: Term start date (mm/yr) \_\_\_\_\_ Term end date (mm/yr) \_\_\_\_\_

Name of post-secondary school you are attending or plan to attend for the application period checked above. Use official school name.  
 \_\_\_\_\_ City \_\_\_\_\_ State/Province \_\_\_\_\_ Country \_\_\_\_\_

Enrollment status:  Full-time  Part-time: If part-time, number of hours per term \_\_\_\_\_

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

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

**FINANCIAL DATA**

If applicant is a dependent child, the parent/guardian must complete this portion of the application. If applicant is independent, he/she must complete this portion. Adjusted gross income and total federal income tax amounts should be from parents'/applicant's most recently filed US tax return (if applicable).

Refer to instructions on page two to assist in completing this section.

State of Residence \_\_\_\_\_

Adjusted Gross Income (FORM 1040) ..... \$ \_\_\_\_\_

Total US Federal Tax Paid (FORM 1040) .. \$ \_\_\_\_\_

Total Income of Surviving Parent.....\$ \_\_\_\_\_  
 or Disabled Victim or Self

Total Income of Spouse of Disabled Victim.\$ \_\_\_\_\_  
 or Spouse of Independent Student

Medical and Dental Expenses Not Paid by Insurance (exclude premiums) .....\$ \_\_\_\_\_

Total Cash, Checking, Savings, and Cash Value of Stocks.....\$ \_\_\_\_\_  
**(exclude value of items listed)**

- 9/11 Federal Victim's Compensation
- 9/11 Life Insurance Proceeds
- Other 9/11 Related Benefits
- Retirement Plan Funds
- IRA
- 401K

Total number of family members living in the household and primarily supported by the reported income ..... # \_\_\_\_\_

Marital status of parent/guardian or self:  
 Married  Divorced  Separated  Widowed  Single

Total number of family members attending post-secondary school (college) at least half-time during the next school year, including applicant ..... # \_\_\_\_\_

**OTHER AID**

**Scholarships/Grants/Waivers/Stipends** (aid that does not have to be repaid):

Name of Award:		Amount:
_____	<input type="checkbox"/> Granted <input type="checkbox"/> Pending	\$ _____
_____	<input type="checkbox"/> Granted <input type="checkbox"/> Pending	\$ _____
_____	<input type="checkbox"/> Granted <input type="checkbox"/> Pending	\$ _____

**CERTIFICATION**

The Estimated Award Form becomes the property of Scholarship America when submitted. The administrators will determine estimated scholarship amounts. I acknowledge that the estimate provided is not final and that my final award calculation will not be determined until an official application is submitted.

I hereby certify that the information provided on this form is complete and accurate to the best of my knowledge.

\_\_\_\_\_

# INSTRUCTIONS FOR COMPLETING THE FINANCIAL DATA SECTION OF THE ESTIMATED AWARD FORM

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The Financial Data section of the application should be completed by the parent/guardian of a dependent child or by the applicant if independent. Information should be from the most recently completed US tax return filed with the IRS. (This information not applicable for non-U.S. residents.)

**State of Residence** is the state where the parent/guardian or applicant resides and pays state income tax.

**Adjusted Gross Income** can be found on IRS FORM 1040 and is gross income reduced by specific adjustments allowed by law.

**Total Federal Tax Paid** includes the total amount of federal income tax to be paid as reported on IRS FORM 1040. This is not the amount withheld from employee paychecks. (The amount withheld should be adjusted by any refund or additional taxes due.) Do not report state income tax.

**Total Income** earned should be reported individually for both parents or for applicant and spouse as reported on the tax return.

**Medical and Dental Expenses** include only those expenses not paid by insurance. Do not include premium payments.

**Total cash, checking, savings, cash value of stocks, etc.**, include liquid assets that can be used for educational expenses. Do not include the following: 9/11 Federal Victim's Compensation, 9/11 Life Insurance Proceeds, other 9/11 Related Benefits, Retirement Plan Funds, IRA's, or 401(k) plans. Only a portion of assets will be considered as available income for school expenses.

**Total number of family members (dependents)** living in the household and primarily supported by the reported income includes dependent college students living away from home.

Be sure to check the appropriate box giving the current marital status of the parent/guardian or applicant from whom the financial information is submitted. Include the total number of all family members attending post-secondary school at least half-time. (Post-secondary includes any two- or four-year college or vocational school.) Be sure to include the applicant in this number.

**NOTE:** Any exceptions to providing financial information as instructed above must be submitted to Scholarship America in writing.