



Marshall Community Foundation

FINANCIAL INFORMATION
Attach to Scholarship Application

CONFIDENTIAL

- Complete this form, include your signatures.
Complete the FAFSA at www.fafsa.gov. Print the first page only of the Student Aid Report (SAR) which includes your EFC (Expected Family Contribution).

(Include EFC here)

1. Scholarship Applicant: Name Address

2. Complete all columns below for every family member in your household.

- If you can be claimed as a dependent you must include: Yourself, Your Parent(s) or Legal Guardian(s), Your parents' (legal guardians') other dependents...
If you cannot be claimed as a dependent you must include: Yourself, Your Spouse (if applicable), Any children or other dependents...

Table with 5 columns: First and last name of each member of the household, Age, Name of School currently attending or last completed, Grade Level Completed, Enrolled at least half time? Yes or No.

3. Please list any unusual financial circumstances or financial hardships in your household not reflected above: (Attach additional sheets if needed)

Blank lines for listing financial circumstances or hardships.

The undersigned hereby acknowledges that the information provided on this application, including attachments, is true and correct to the best of their knowledge. The undersigned consents that this information may be provided and disclosed to the Marshall Community Foundation, to the Foundation Trustees/Officers, and to any other person authorized by the Foundation to review the information.

Signature of Student Applicant*

Date

Signature of Parent or Guardian

Date

*The student applicant is required to sign this application. The parent/guardian must also sign if the student applicant is under 18 years of age and/or was claimed as an exemption.