

# FINANCIAL ASSISTANCE DATA

Student Name \_\_\_\_\_ Social Security Number \_\_\_\_\_

Consideration will be given to financial need. Describe personal or family circumstances that make it necessary for you to seek aid for your education. If you and your family have unusual circumstances, such as illnesses not covered by insurance, unemployment, etc. that affect income, please include those as well.

## INCOME, EXPENSES, AND ASSET DATA

Please attach a copy of your Student Aid Report that shows Expected Family Contribution (EFC) as a result of filing FAFSA and complete the information below according to your parents' most recent IRS Tax Return(s).

Parent Information	
1. Adjusted gross income	\$
2. Total U. S. income tax paid	\$
3. Student income from working	\$
4. Untaxed income and benefits (AFDC, ADC, SSI, etc.), if any	\$
5. Medical/dental expenses not covered by insurance	\$
6. Cash, savings, stocks, bonds CD's, etc.	\$
7. Net value of real estate holdings not used as primary residence (market value less balance of mortgage)	\$
8. Total number of family members	
9. Current marital status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated  <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	
10. How many family members, living in your house, will be in college this next academic year?	

### Additional Information

Parents' Occupation:

Father \_\_\_\_\_ Mother \_\_\_\_\_

### CERTIFICATION

I/we certify that the information on this form is true and complete to the best of my/our knowledge. I/we understand that the financial information will be considered confidential, for review by the Scholarship Review Committee of The Japan-America Society of Middle Tennessee and any advisors it deems necessary. I/we realize that this proof may include a copy of a U. S. tax return. I/we realize that failure to comply with a request for further information may prevent the applicant from receiving an award under the Program. I/we will supply any additional information Scholarship Review Committee may request. To comply with the provisions of the Family Educational Rights and Privacy Act of 1974, permission is hereby given to school officials to release the secondary school record and other requested information for consideration with this scholarship application.

APPLICANT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

PARENT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_