

Crete Carrier Corporation Scholarship Program for Dependents

This form is needed only if parents cannot submit data jointly on the electronic application. The parent who is **NOT** the employee of Crete Carrier, Shaffer, Hunt or ECC may submit this supplemental form.

If applicable, this form is to be uploaded along with the other supporting documents prior to application submission but no later than **January 31, 2019**.

A. STUDENT INFORMATION

Last name _____ First name _____ Application ID# _____

Permanent mailing address _____

City _____ State/Province _____ ZIP/Postal code _____ Country _____

B. FAMILY FINANCIAL INFORMATION

The applicant's parent/guardian(s) must complete the following section.

- | | |
|--|--|
| <p>1. State/Province of Residence _____</p> <p>2. Adjusted Gross Income (FORM 1040) \$ _____</p> <p>3. Total Federal Tax Paid (FORM 1040) \$ _____
(Not the amount withheld from paychecks)</p> <p>4. Total Income of Parent..... \$ _____</p> <p> Total Income of Stepparent..... \$ _____</p> <p>5. (U.S. Only) Yearly Untaxed Income and Benefits:
Please indicate source –
 <input type="checkbox"/> Social Security <input type="checkbox"/> Child Support
 <input type="checkbox"/> Other \$ _____</p> | <p>6. Medical and Dental Expenses not paid
by insurance (exclude premiums)\$ _____</p> <p>7. Total Cash, Checking, Savings, and Cash Value of
Stocks (exclude retirement plan funds, IRA, 401k) \$ _____</p> <p>8. Total number of family members living in the household
and primarily supported by the reported income ...# _____</p> <p>9. Marital status of employee parent or guardian:
 <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Single</p> <p>10. Of the total number of family members on line 8, number of
students attending college at least half-time during the next
school year (include applicant, exclude parents) ...# _____</p> |
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C. CERTIFICATION AND SIGNATURES

Certification: All information provided is complete and accurate to the best of my (our) knowledge. If requested, I (we) will provide proof of information including a copy of my (our) most recently filed income tax return. Falsification of information or refusal to provide information may result in rejection of this application or termination of any award granted.

Student's Signature

Parent's Signature

Do you have legal custody of student? Yes No

Is student your dependent? Yes No

Date Completed _____