

# Hannaford Scholarship Program

# Supplemental Financial Data Form

This form is needed only if parents cannot submit data jointly on the electronic application. The Hannaford associate parent must provide the data on the electronic application.

## A. STUDENT INFORMATION

Last name \_\_\_\_\_ First name \_\_\_\_\_ App ID#: HANNA – \_\_\_\_\_

Permanent mailing address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP code \_\_\_\_\_

## B. PARENTS' INCOME, EXPENSE, AND ASSET DATA (FOR THE YEAR JANUARY 1, 2017 TO DECEMBER 31, 2017)

The applicant's parent(s) must complete the following section using data from the most recently filed tax return - IRS FORM 1040.

The applicant is:

- A dependent student.** All data below represents my parents' financial information.
- An Independent student.** All data below represents my financial data.

1. State of Residence ..... \_\_\_\_\_
2. Adjusted gross income (FORM 1040) ..... \$ \_\_\_\_\_
3. Total federal tax paid (FORM 1040) – not the amount withheld from paychecks ..... \$ \_\_\_\_\_
4. Total income of father ..... \$ \_\_\_\_\_  
Total income of mother ..... \$ \_\_\_\_\_
5. Yearly untaxed income and benefits: Please indicate source  
 Social Security  Child Support  Other \_\_\_\_\_ \$ \_\_\_\_\_
6. Medical and dental expenses not paid by insurance (exclude premiums) ..... \$ \_\_\_\_\_
7. Total cash, checking, savings, cash value of stocks, etc. (exclude retirement plan funds, IRA, 401k) ..... \$ \_\_\_\_\_
8. Total number of family members living in the household and primarily supported by the reported income ..... # \_\_\_\_\_
9. Marital status of parent or guardian:  Single  Married  Separated  Divorced  Widowed
10. Of the total number of family members on line 8, number of students attending college at least half time during the 2019-20 school year (include applicant, exclude parents). # \_\_\_\_\_

## C. CERTIFICATION AND SIGNATURES

**Certification:** All information provided is complete and accurate to the best of my (our) knowledge. If requested by an authorized official of Scholarship Management Services, I (we) will provide proof of information including a copy of my (our) 2017 U.S. and/or state 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 (if dependent)

\_\_\_\_\_  
Print Parent's Name (if dependent)

If applicant is dependent, does parent completing this form have legal custody of student?  Yes  No

Date Completed \_\_\_\_\_