

# The Albert Pick, Jr. Fund Law Student Scholarship Program

This form is needed only if parents cannot submit data jointly on the electronic application.

If applicable, this form is to be uploaded along with the other supporting documents prior to application submission but no later than **3:00 p.m. Central Time on June 4, 2021**.

**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) ..... \$ _____<br/>(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:<br/>Please indicate source –<br/> <input type="checkbox"/> Social Security    <input type="checkbox"/> Child Support<br/> <input type="checkbox"/> Other ..... \$ _____</p> | <p>6. Medical and Dental Expenses not paid<br/>by insurance (exclude premiums) .....\$ _____</p> <p>7. Total Cash, Checking, Savings, and Cash Value of<br/>Stocks (exclude retirement plan funds, IRA, 401k) \$ _____</p> <p>8. Total number of family members living in the household<br/>and primarily supported by the reported income ...# _____</p> <p>9. Marital status of employee parent or guardian:<br/> <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<br/>students attending college at least half-time during the next<br/>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 \_\_\_\_\_