

ConocoPhillips Dependent Scholarship Program: FINANCIAL DATA FORM INSTRUCTIONS

- Provide information for both natural parents when possible.
- **If the student resides with only one parent**, financial information **must** be received from the ConocoPhillips employee **and** from the parent who claims the child as a dependent* for tax purposes.
**Dependent child is defined as a child who qualifies as a federal tax exemption to the employee on his/her most recently filed tax return (Form 1040). An exception may be requested for a natural or legally adopted son or daughter of the employee or the employee's spouse in cases such as divorce or separation. A written explanation and proof of support is required.*
- If a parent has remarried, the spouse's information is required if the spouse is a legal guardian of the student, claims the student as a dependent or if the student is included in the spouse's benefit plan.
- **If necessary, two Family Financial Forms may be submitted** in order for one to be completed by each parent. Each form can be submitted separately if necessary.

- A. **STUDENT INFORMATION:** The scholarship applicant's name should appear on the first line on the form; however, the form(s) must be completed by the student's parent(s).
- B. **PARENTS' INCOME, EXPENSES AND ASSET DATA:** Information on this form must be from the parents' completed 2018 or 2019 tax return. Be sure to check the appropriate box. **Please upload corresponding IRS Form 1040.**
1. **State of residence** is the state where the parent(s) reside and pay state income tax.
 2. **Adjusted gross income** can be found on IRS FORM 1040 and is gross income increased or reduced by specific adjustments specified by law.
 3. **Total federal tax paid** includes the total amount of **federal** income tax to be paid as reported on IRS FORM 1040. This is **not** the amount withheld from employee's paychecks. (The amount withheld should be adjusted by any refund or additional taxes due.) Do **not** report state income tax.
 4. **Total income of parent(s)** should be reported individually.
 5. **Untaxed income and benefits** include any other income or benefits not included in the adjusted gross income figure. Do not include untaxed contributions to retirement plans.
 6. **Medical and dental expenses** include only those expenses not paid by insurance. Do not include premium payments.
 7. **Total cash, checking, savings, cash value of stocks, etc.,** include liquid assets that can be used for educational expenses. **Do not include** IRA, 401k, or other retirement plan funds.
 8. **Total number of family members** living in the household and primarily supported by the reported income may include:
 - the applicant
 - the applicant's parents
 - other children living in the household
 - dependent college students living away from home
 - other people who live in the household and receive more than half of their support from the reported income.
 9. **Marital status** is the current status of the person from whom the financial information is submitted.
 10. **Of the total number of family members on line 8, please identify the students attending college,** including family members attending a two- or four-year college, university, or vocational-technical school at least half-time. Include the applicant in this number. **Do not include parents.**

One-time extraordinary moving expenses are not included.

- C. **CERTIFICATION AND SIGNATURES:** The parent/employee completing the Family Financial Data Form must sign this form. Please read the certification.

NOTE: A note of clarification may be attached if necessary. Any exceptions to providing financial information as instructed above must be submitted to Scholarship America in writing.

If preferred, you may block Social Security Numbers on submitted copies.

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A. STUDENT INFORMATION

Applicant's E-application ID (see emails or e-application form) **COP- #** _____

Applicant Last Name _____ First _____ MI _____

Name of parent completing this form _____

Phone number or email address of parent completing this form _____

ConocoPhillips employee name (If same as above, write "same") _____

ConocoPhillips employee relationship to applicant: Father Mother Stepparent Legal Guardian

Two Forms: Please check here if separate data forms will be sent from each parent

B. PARENTS' INCOME, EXPENSE, AND ASSET DATA

The applicant's parent(s) must complete the following section. Indicate whether the information is from:

- 2018 IRS Form 1040 (**upload first 2 pages only** - attach corresponding form – SSNs may be blocked out)
- 2019 IRS Form 1040 (**upload first 2 pages only** - attach corresponding form – SSNs may be blocked out)

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 employee parent or guardian: Single Married Separated Divorced Widowed
10. List names of family members from line 8 **who are attending college** at least half time during the 2020-21 school year (**include applicant**, exclude parents) Total # _____

Name: _____ Age: _____ Relationship to Applicant: _____
Name: _____ Age: _____ Relationship to Applicant: _____
Name: _____ Age: _____ Relationship to Applicant: _____
Name: _____ Age: _____ Relationship to Applicant: _____

C. CERTIFICATION AND SIGNATURES

Certification: All of the information on this form is true and complete to the best of my knowledge. If asked by an authorized official of Scholarship America, I agree to give proof of the information that I have given on this form. I also realize that falsification of information or refusal to provide information may result in rejection of this application or termination of any award granted.

ConocoPhillips Employee Parent/Guardian Signature

Other Parent/Guardian Signature (if applicable)

Do you have legal custody of applicant? Yes No

Is applicant your dependent? Yes No

Date Completed _____

Upload Deadline: February 28, 2020