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.*
ConocoPhillips Dependent Scholarship Program: FINANCIAL DATA FORM

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