

Phillips 66 Dependent Scholarship Program: FINANCIAL DATA FORM

A. STUDENT INFORMATION

Applicant Last Name _____ First _____ MI _____

Name of parent completing this form _____

Phone number or email address of parent completing this form _____

Phillips 66 employee name (If same as above, write "same") _____

Phillips 66 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:

- 2020 IRS Form 1040 (**send first 2 pages only** - attach corresponding form – SSNs may be blocked out)
- 2021 IRS Form 1040 (**send 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. Moving expenses paid by Phillips 66: Yes No \$ _____
9. Total number of family members living in the household and primarily supported by the reported income # _____
10. Marital status of employee parent or guardian: Single Married Separated Divorced Widowed
11. List names of family members from line 9 **who are attending college** at least half time during the 2022-2023 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.

Phillips 66 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: 3:00 p.m. CST March 1, 2022