

**I. STUDENT INFORMATION:**

NAME: \_\_\_\_\_ BIRTHDATE: \_\_\_\_/\_\_\_\_/\_\_\_\_ M \_\_\_\_ F \_\_\_\_  
(Last) (First) (M.I.)

SOCIAL SECURITY #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ MARITAL STATUS: \_\_\_\_\_ Number of children or other dependents of student: \_\_\_\_\_

STUDENT'S ANNUAL INCOME & EXPENSES	2023 ACTUAL or ESTIMATED	2024 ESTIMATED SUMMER	2024 - 2025 ESTIMATED SCHOOL YEAR	DO YOU PLAN TO APPLY FOR WORK STUDY? (Yes or No)
Wages, Salaries, Tips, Work Study, etc.	\$	\$	\$	
* Social Security Benefits Mo/Yr SS Benefits end:	\$	* Reason for receiving Social Security Benefits:		
Est. Financial Assistance from Parents for College per year	\$	Amount of 529 Plan (if any)		\$

STUDENT'S ASSETS AND INDEBTEDNESS	PRESENT VALUE	BALANCE OWED
Cash, Savings, Checking Accounts	\$	
Investments, Stocks, Bonds, Mutual Funds, etc.	\$	
Real Estate Owned or Purchasing	\$	\$
Credit Card, Loan, or Other Indebtedness		\$
Student Use Auto: Yr/Make/Model: _____ Who owns this vehicle? _____ Who pays insurance/gas? _____	\$	\$

**ALL OTHER VEHICLES IN HOUSEHOLD:**

YEAR	MAKE / MODEL	BALANCE OWED
		\$
		\$
		\$

**II. PARENTS' CONFIDENTIAL STATEMENT:**

**NAME OF MALE PARENT / STEPFATHER / OR GUARDIAN**

**IN RESIDENCE:** \_\_\_\_\_ AGE: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_ SELF-EMPLOYED? Y N YRS. WITH EMPLOYER: \_\_\_\_\_

CITIZEN OF: \_\_\_\_\_ (Country) *If not U.S. citizen,* how long in U.S.? \_\_\_\_\_ YRS. MARITAL STATUS: \_\_\_\_\_

**NAME FEMALE PARENT / STEPMOTHER / OR GUARDIAN**

**IN RESIDENCE:** \_\_\_\_\_ AGE: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_ SELF-EMPLOYED? Y N YRS. WITH EMPLOYER: \_\_\_\_\_

CITIZEN OF: \_\_\_\_\_ (Country) *If not U.S. citizen,* how long in U.S.? \_\_\_\_\_ YRS. MARITAL STATUS: \_\_\_\_\_

PARENTS' ANNUAL INCOME	ACTUAL 2022 (per tax return)	ACTUAL or ESTIMATED 2023 (per tax return)	ESTIMATED 2024	ESTIMATED 2025
Salaries, Wages (Male Parent in residence)	\$	\$	\$	\$
Salaries, Wages (Female Parent in residence)	\$	\$	\$	\$
Interest & Dividends	\$	\$	\$	\$
Social Security Benefits	\$	\$	\$	\$
Child Support / Welfare / VA / Housing Allowance / Other (List below or on back all assistance received)	\$	\$	\$	\$

**PARENTS' ASSETS & INDEBTEDNESS**

	<u>Est. Present Market Value</u>	<u>Unpaid Mortgage or Debt</u>
HOME – <u>if owned or being purchased</u> Year Purchased: _____ @ Price \$ _____	\$ _____	\$ _____
HOME– <u>if renting</u> , amount of monthly rent: \$ _____		
OTHER REAL ESTATE: (Identify <u>all</u> properties)	\$ _____	\$ _____
STOCKS, BONDS, MUTUAL FUNDS, ETC. (Not in an IRA or other retirement fund)	\$ _____	
IRA, 401K, or OTHER RETIREMENT FUND	\$ _____	
IF YOU OWN A BUSINESS (YOUR SHARE)	\$ _____	\$ _____
CASH, SAVINGS & CHECKING ACCOUNTS	\$ _____	
OTHER DEBTS (Auto, Furniture, Credit Cards, etc.)		\$ _____

**PROVIDE INFORMATION FOR ALL COLLEGE STUDENTS (2023-2024 SCHOOL YR) IN FAMILY EXCEPT APPLICANT:**

NAME OF STUDENT	AGE	COLLEGE ATTENDING	YEAR: F-S-J-SR	TOTAL ANNUAL COST	ACTUAL COST TO PARENTS	MO/YR GRADUATING
				\$ _____	\$ _____	
				\$ _____	\$ _____	
				\$ _____	\$ _____	

**III. COMPLETE INFORMATION FOR DIVORCED/SEPARATED (OR NEVER MARRIED) PARENTS ONLY:**  
(Leave blank if natural parents are married and living together.)

NON-RESIDENT PARENT'S NAME: \_\_\_\_\_ U.S. CITIZEN? Y N  
(Circle)

ADDRESS: \_\_\_\_\_  
(City) (State) (Zip)

EMPLOYER: \_\_\_\_\_ SELF-EMPLOYED? Y N YEARS W/ EMPLOYER: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_  
(Circle)

CURRENT MARITAL STATUS: \_\_\_\_\_ NUMBER OF OTHER CHILDREN: \_\_\_\_\_ AGES: \_\_\_\_\_  
(Step- or half-siblings to applicant)

DATE DIVORCED OR SEPARATED FROM APPLICANT'S PARENT: \_\_\_\_\_

AMOUNT OF CHILD SUPPORT CUSTODIAL PARENT RECEIVED FOR ALL CHILDREN IN PRIOR YEAR \_\_\_\_\_

PER COURT ORDER, WHAT IS ENDING DATE OF CHILD SUPPORT FOR APPLICANT? \_\_\_\_\_

WHO CLAIMED STUDENT APPLICANT AS A TAX DEPENDENT? \_\_\_\_\_

WHEN WAS THE LAST CONTACT WITH THIS (ABSENT) PARENT? \_\_\_\_\_

WILL THIS (ABSENT) PARENT PROVIDE ASSISTANCE FOR COLLEGE? Y N AMOUNT: \$ \_\_\_\_\_  
(Circle)

EXPLAIN: \_\_\_\_\_

ABSENTEE PARENT'S ANNUAL GROSS INCOME \$ \_\_\_\_\_ (per tax return)

**IV. CERTIFICATION AND AUTHORIZATION:**

We declare that the information reported herein is true, correct and complete. We understand that false information or failure to provide documentation may result in denial or discontinuation of aid. Further, by signing below, we authorize the Hamman Foundation to publish the applicant's name if awarded the Hamman Scholarship. We understand that all tax returns and other information provided will be for the confidential use of the Foundation and agree to hold harmless the George and Mary Josephine Hamman Foundation for any unintended use of any information provided.

\_\_\_\_\_  
Student's Signature

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

\_\_\_\_\_  
Male Parent in Residence Signature

\_\_\_\_\_  
Female Parent in Residence Signature

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**NOTE: This form must be signed (Digital Signatures are not acceptable).**

**The online scholarship application and all related attachments must be received by the Foundation no later than 4:00 pm, February 16th of the student's senior year (if this date falls on a weekend, the application should be submitted no later than 4:00 pm on the preceding Friday).**