

AMOS GILLIS EDUCATION/VOCATIONAL SCHOLARSHIP FUND  
FINANCIAL DISCLOSURE

Please complete the financial request and submit with your application.

Name of Client: \_\_\_\_\_

Address: \_\_\_\_\_

City/State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone \_\_\_\_\_

Do you live with: Parent/Guardian\_\_\_\_ Independently\_\_\_\_ Supported Living\_\_\_\_

Parent or  
Guardian Name \_\_\_\_\_

Address: \_\_\_\_\_

*If different*

City/State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone \_\_\_\_\_

Current Employment of person(s) who carry financial responsibility:

Employer Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Contact Person: \_\_\_\_\_

If not employed, please explain:

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What is the gross income as listed on line 22 of your 2016 1040 tax form \$ \_\_\_\_\_

What is the number of household members: \_\_\_\_\_

What additional financial aid do you receive monthly: *(type and amount)*

\_\_\_\_\_

\_\_\_\_\_

What other sources of income do you receive monthly:

SSI \$ \_\_\_\_\_ SSDI \$ \_\_\_\_\_ Medicaid Waiver \$ \_\_\_\_\_

Other *(Please state the income source and amount):*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I/We certify that the information provided herein is true and accurate. I/We give permission to the Amos Gillis Scholarship Team to verify the information provided.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Relationship to Applicant