

INSTRUCTIONS FOR COMPLETING SF FINANCIAL ASSISTANCE QUESTIONNAIRE (FAQ)

- A. **STUDENT INFORMATION:** The scholarship **applicant's name should appear on the first line** on the FAQ. However, the questionnaire must be completed by the parents of the applicant.
- B. **PARENTS' INCOME EXPENSE AND ASSET DATA:** Information on this form must be from the **parent(s) completed tax return** or based on estimated information to be filed by April 15, 2024. Be sure to check the appropriate box.
1. **State of Residence** *is the state where the parent(s) reside and pay 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 employees' pay checks. (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. Provide information for both natural parents, when possible. If the student resides with only one parent, financial information must be received from the parent who claims the child as a dependent for tax purposes. If a parent has remarried, the spouse's information is required if the spouse is a legal guardian of the student, or claims the student as a dependent, or the student is claimed in the spouse's benefit plan. **If necessary, two Financial Assistance Questionnaires may be submitted by the student. (Make a copy of the form if needed.)***
 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, Savings, Checking, Cash Value of Stocks, etc.,** *include liquid assets that can be used for educational expenses. Do not include IRA, 401K, or any other retirement plan funds.*
 8. **Total Number of Family Members** *living in the household and primarily supported by the reported income. Include dependent college students living away from home.*
 9. **Marital Status** *is the current status of the person from whom the financial information is submitted.*
 10. **Total Number of Family Members Attending Postsecondary School** *includes all family members attending a two or four year college, university, or vocational-technical school at least half-time. Be sure to include the applicant in this number.*
- C. **CERTIFICATION AND SIGNATURES:** Both the student and the parent completing the FAQ must sign this form. Please read the Certification Box.

NOTE: Any exceptions to providing financial information as instructed above must be submitted to SFEP – SCHOLARSHIP FOUNDATION OF EAST PROVIDENCE, INC. in writing. Failure to provide financial information will result in the applicant's not receiving aid.

FINANCIAL ASSISTANCE QUESTIONNAIRE (FAQ)

SCHOLARSHIP FOUNDATION of East Providence, Inc.

PO Box 15-4438, Riverside, RI 02915



NOTE: This questionnaire is to be completed by the PARENT for the applicant.

A. STUDENT INFO: (Please print)

☐ Mr. ☐ Miss Last Name: _____ First Name: _____ MI: _____
Permanent Mailing Address: _____
City: _____ State: _____ Zip Code: _____
Daytime Phone: () _____ Student Email: _____

B. PARENTS' INCOME, EXPENSE, AND ASSET DATA for the year of JAN. 1, 2023 – DEC. 31, 2023

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

☐ Estimates based on current income information to be filed by April 15, 2024

☐ A completed tax return – IRS FORM 1040 (Filing date of April 15, 2024)

1. State of Residence _____
2. Adjusted gross income (FORM 1040) \$ _____
3. Total Federal Income Tax paid (FORM 1040) \$ _____
4. Total Income of father \$ _____
Total Income of mother \$ _____
5. Yearly untaxed income and benefits: Please indicate source.
☐ Social Security ☐ AFDC ☐ Child Support
☐ Other \$ _____
6. Medical/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 the parent/legal guardian (Check one.)
☐ Single ☐ Married ☐ Separated ☐ Divorced ☐ Widowed
10. Total number of family members attending postsecondary school at least half time for the
2024 – 2025 school year, including the applicant # _____

C. CERTIFICATION AND SIGNATURES

CERTIFICATION: All of the information on this form is true and complete to the best of my (our) knowledge. If asked by an official of SCHOLARSHIP FOUNDATION of East Providence, Inc., I (we) agree to give proof of the information that I (we) have given on this form. I (we) realize that this proof may include a copy of my (our) 2023 U.S. and/or state income tax return. I (we) also realize that if I (we) do not give proof when asked, the student may not receive aid.

Applicant's Signature _____

Parent's Signature ☐ Father ☐ Mother

Do you have legal custody of the applicant? _____

Is the applicant your dependent?..... _____

Parent Email: _____

Debbie D'Arezzo, Awards Chairman
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