

Princeton Scholarship Programs
Confidential Financial
Statement 2019-20

Student Applicant:			
<i>Last Name</i>	<i>First</i>	<i>Middle</i>	
Home Address:			
<i>Street</i>	<i>City</i>	<i>State</i>	<i>Zip</i>
List Institutions Being Considered:	Birth Date:	Home Phone:	
	E-mail:	Cell Phone:	
Applicant Lives with:	Special Circumstances:	<input type="checkbox"/> Parents separated <input type="checkbox"/> Parents divorced <input type="checkbox"/> Mother is deceased (see instructions)	
<input type="checkbox"/> Father <input type="checkbox"/> Mother	<input type="checkbox"/> Stepfather <input type="checkbox"/> Stepmother		
Family Employment			
Father's/Stepfather's Name:	Age:	Mother's/Stepmother's Name:	Age:
Address:			
Employer:			
Nature of Business:			
Position:	Years with Firm:	Position:	Years with Firm:

PARENT INCOME

Actual 2017

Estimated 2018

A. IRS Adjusted Gross Income (1040 Line 37, 1040A Line 21, 1040EZ Line 4)	\$ _____	\$ _____
Parent 1 Earnings (from W-2s) \$ _____		
Parent 2 Earnings (from W-2s) \$ _____		
B. Non- Taxable Income	\$ _____	\$ _____
Include: Total IRA/SEP/SIMPLE contributions, tax deferred pension contributions such as 401K or 403B; tax exempt interest; Foreign income exclusion; child support received from another parent; other income or benefits.		
C. US Income Tax Paid (1040 line 56, 1040A line 37, 1040EZ line 10)	\$ _____	\$ _____

PARENT ASSETS – current value

A. Cash, savings, checking	\$ _____
B. Investments Include stocks, bonds, money market, trusts, college savings plans, etc.; Exclude Retirement Savings Plans	\$ _____
C. Do you own your home? (circle one) YES NO If yes, current equity (value less debt)	\$ _____
D. Other real estate equity – value less debt	\$ _____
E. Business or farm equity – value less debt	\$ _____

STUDENT ASSETS

A. Cash, savings, checking	\$ _____
B. Investments include stocks, bonds, money market and trusts.	\$ _____

PARENT EXPENSES

Actual 2017

Estimated 2018

- A. Child support paid to another household by person completing this form \$ _____ \$ _____
- B. Medical or dental expenses not reimbursed by insurance \$ _____ \$ _____
- C. Other unusual expenses (please explain) \$ _____ \$ _____

			Family Size and Schooling			
Names of Dependent Children	Age	Current (2018-19) School or Occupation	Year in School	Tuition	Scholarship	School or College Next Year 2019-20
Applicant						

Explain here any unusual financial circumstances such as uncommon indebtedness, extraordinary expenses, high medical costs, additional dependents, etc.

I declare the information on this form is, to the best of my knowledge, true, correct, and complete.

Father's Signature _____ Student's Signature _____

Mother's Signature _____ Date _____

For Office Use