

Princeton Scholarship Programs
Confidential Financial Statement
2020-21

Student Applicant:

Last Name

First

Middle

Home
Address:

Street

City

State

Zip

List Institutions Being Considered:	Birth Date: E-mail:	Home Phone: Cell Phone:
Applicant Lives with: <input type="checkbox"/> Father <input type="checkbox"/> Stepfather <input type="checkbox"/> Mother <input type="checkbox"/> Stepmother	Special Circumstances: <input type="checkbox"/> Father is deceased <input type="checkbox"/> Mother is deceased	<input type="checkbox"/> Parents separated <input type="checkbox"/> Parents divorced (see instructions)

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 2018	Estimated 2019
A. IRS Adjusted Gross Income (1040 Line 7)	\$ _____	\$ _____
\$ _____ Parent 1 Earnings (from W-2s box 5 and/or schedule 1 line 12)		
\$ _____ Parent 2 Earnings (from W-2s box 5 and/or schedule 1 line 12)		
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 13 plus schedule 3 line 3)	\$ _____	\$ _____

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 2018

Estimated 2019

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 (2019-20) School or Occupation	Year in School	Tuition	Scholarship	School or College Next Year 2020-21
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