

**Princeton Scholarship Programs**  
**Confidential Financial Statement**  
**2021-22**

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:

<b>PARENT INCOME</b>	<b>Actual 2019</b>	<b>Estimated 2020</b>
A. IRS Adjusted Gross Income (1040 Line 8b)	\$ _____	\$ _____
\$ _____ Parent 1 Earnings (from W-2s box 5 and/or schedule 1 line 3)		
\$ _____ Parent 2 Earnings (from W-2s box 5 and/or schedule 1 line 3)		
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 14 minus Schedule 2 line 2 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 2019**

**Estimated 2020**

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 (2020-21) School or Occupation	Year in School	Tuition	Scholarship	School or College Next Year 2021-22
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*