

1. LAST NAME

FIRST NAME

MIDDLE NAME

2. DATE OF BIRTH

3. SEX

4. HIGH SCHOOL

5. ADDRESS

NUMBER

STREET

APT.

NY

BOROUGH (Be specific: Give full address such as Jamaica, St. Albans, etc.)

ZIP

6. PHONE

7. AGE

If you have no phone, please give the number of a relative, friend or neighbor who can get a message to you.

Person's Name

Phone

8. SOCIAL SECURITY NUMBER

9. CELL PHONE NUMBER

10. E-MAIL ADDRESS

11. HIGH SCHOOL CODE

“ASK YOUR COLLEGE ADVISOR OR COUNSELOR FOR THIS CODE”

FAMILY DATA

12. FATHER*, STEPFATHER OR GUARDIAN

NAME

AGE

12a. SOC. SEC. #

12b. STREET ADDRESS

CITY

STATE

ZIP

12c. OCCUPATION (even if presently unemployed)

12d. EMPLOYER

12e. EMPLOYER'S ADDRESS

13. MOTHER*, STEPMOTHER OR GUARDIAN

NAME

AGE

13a. SOC. SEC.#

13b. STREET ADDRESS

CITY

STATE

ZIP

13c. OCCUPATION (even if presently unemployed)

13d. EMPLOYER

13e. EMPLOYER'S ADDRESS

12f. CHECK IF SELF-EMPLOYED

13f. CHECK IF SELF-EMPLOYED

*If either natural parent is deceased or unknown, give details on back. Information under items 12 & 13 should concern living individuals.

14. PARENTS' CURRENT MARITAL STATUS: SINGLE MARRIED

SEPARATED DATE DIVORCED DATE WIDOWED DATE

14a. If separated or divorced submit legal separation or divorce decree

15. BROTHERS AND SISTERS LIVING WITH YOU (See instructions page 2)

NAME

AGE

OCCUPATION OR SCHOOL (Specify)

15a. Name(s) of sibling(s) who received prior U.F.T. Awards:

Year Received:

Year Received:

Year Received:

16. SPECIAL TALENTS:

17. HOBBIES:

FINANCIAL INFORMATION

INCOME (Be sure to use instruction sheet when completing this section)

With this application you MUST submit:

1. Photo copies of complete 2019 Federal Income Tax Returns (Forms 1040, 1040A, or 1040 EZ) for each member of the family who filed such a report. You must include all schedules.

2. A copy of all W-2 and 1099 Forms received by family members.

3. Proof of income if family is supported in whole or in part by Veteran's benefits, alimony or pension fund.

4. Photo copy of 2019 Award Letter if supported in whole or in part by Social Security.

5. Photo copies of I.D. card and Family Budget if supported in whole or in part by Public Assistance.

18. ADJUSTED GROSS INCOME (From line 37 of IRS Form 1040 or line 21 of IRS 1040A)

(You must answer all that apply.)

FATHER'S EARNINGS \$

MOTHER'S EARNINGS \$

2019 TAXABLE TOTAL \$

19. NON TAXABLE INCOME — Annual Amount

For proof required in each category, see instructions/.

a. Public Assistance: Case no. From To \$

b. Social Security (For all family members): From To \$

c. Veteran's Benefits: From To \$

d. Unemployment Insurance: Unemployed From To \$

e. Child Support \$

f. Other: (See instructions) \$

NON TAXABLE TOTAL: \$

TOTAL ANNUAL INCOME: \$

ASSETS (Be sure to use instruction sheet when completing this section)

(You must answer all that apply.)

20. Does your family own: (Check all appropriate categories)

Single family home?

Two family home?

Three or more family home?

A Co-op?

A Condominium?

Purchase price \$ Date of Purchase Present Value \$

Original Mortgage \$ Unpaid Mortgage \$ Monthly Mortgage Payment \$

If a Co-op or Condominium, what is your monthly carrying charge? \$

21. Does your family rent? Yes No

What is your monthly rent? \$

22. Does your family own a car? Yes No

Make Year Balance of Car Loan \$

23. Cash in Checking Account \$ Savings Account \$

24. Does your family own a business? Yes No

Type Location Date of Purchase Total Value \$

25. Other Family Assets (Investments, Real Estate, etc.)? Yes No

Describe in detail in item 27.

26. WE AFFIRM THAT TO THE BEST OF OUR KNOWLEDGE THE INFORMATION REPORTED ON THIS AND THE ENCLOSED DOCUMENTS IS COMPLETE AND CORRECT. IT IS SUBMITTED WITH THE INTENTION THAT IT IS TO BE RELIED UPON BY THE ALBERT SHANKER COLLEGE SCHOLARSHIP FUND SELECTION COMMITTEE IN DETERMINING THE APPLICANT'S ELIGIBILITY FOR A SCHOLARSHIP AWARD. THE ALBERT SHANKER COLLEGE SCHOLARSHIP FUND HAS OUR PERMISSION TO VERIFY THE INFORMATION REPORTED. FALSE OR MISLEADING INFORMATION WILL RESULT IN DISQUALIFYING THE APPLICANT OR REVOKING THE SCHOLARSHIP.

I UNDERSTAND THAT IF I AM SELECTED AS AN ALBERT SHANKER SCHOLARSHIP RECIPIENT, I MUST APPLY FOR FEDERAL FINANCIAL AID.

SIGNATURE OF APPLICANT

SIGNATURE OF PARENT OR GUARDIAN

DATE

Note: Have you completed item 27? (Last page of this application)

SCHOLARSHIP INFORMATION

28. SCHOLASTIC AVERAGE (6 TERMS)

28a. RANK IN CLASS (6 TERMS)

28b. PERCENTILE STANDING

29. GRADUATION IS ANTICIPATED

FEBRUARY

JUNE

SUMMER

30. SPECIAL PROGRAMS

COLLEGE DISCOVERY

COLLEGE BOUND

OTHER (SPECIFY)

PRINCIPAL OR COUNSELOR

31. ON A SEPARATE SHEET OF PAPER, PLEASE WRITE A SUMMARY APPRAISAL OF THE CANDIDATE, ASSESSING HIS ACADEMIC AND PERSONAL QUALITIES. INCLUDE ANY SPECIAL QUALITY OR TALENT HE POSSESSES. ALSO PLEASE CITE ANY SPECIFIC EVENT OR SPECIAL CIRCUMSTANCES WHICH GIVE

INSIGHTS INTO THE STRENGTHS AND WEAKNESSES OF THE APPLICANT. PLEASE INFORM US IF THE STUDENT IS DISABLED OR HAS A SERIOUS HANDICAP.

DATE:

SIGNATURE

TITLE

PHONE/EXT

FAX

SCHOOL SEAL OR OFFICIAL SCHOOL STAMP

REMINDER: APPLICANTS APPLYING FOR THIS SCHOLARSHIP MUST BE ELIGIBLE TO APPLY FOR FEDERAL FINANCIAL AID (PELL) IN ORDER TO RECEIVE THIS AWARD.