



BOAF ~ First Coast Chapter SCHOLARSHIP PROGRAM

Outline of Financial Need

Note: If the applicant is not dependent on parents or guardians for financial support, then the applicant should provide the information on himself/herself for Items I and II below.

I.	Parents' or Guardians', <u>OR</u> Applicant's Annual Income and Expenses for the most recent two (2) full years.	Estimated Year	Total 20_____	Total 20_____
II.	Income			
	A. Wages, Salaries, Tips, and Other Compensation		\$_____	\$_____
	B. Dividends		\$_____	\$_____
	C. Interest		\$_____	\$_____
	D. Other (Social Security, Veteran Benefits, Other)		\$_____	\$_____
	Total Income (add A, B, C and D in Section II.)		\$_____	\$_____
III.	Expenses			
	A. Medical and Dental, not covered by Insurance		\$_____	\$_____
	B. Casualty and Theft Losses		\$_____	\$_____
	C. IRS Itemized Deductions		\$_____	\$_____
	D. U.S. Income Tax Paid		\$_____	\$_____
	E. Other Unusual Expenses		\$_____	\$_____
	Total Expenses (add A, B, C, D and E in Section III.)		\$_____	\$_____
IV.	Student Applicant's Asset and Benefits			
	A. Assets			
	1. Savings			\$_____
	2. Other (endowments, trusts, pre-paid college program)			\$_____
	B. Other Educational Benefits			
	1. Social Security Benefits per month			\$_____
	2. Veteran's Benefits per month			\$_____
	3. Other Grants or Scholarships			\$_____
	Total Assets (add A and B in Section IV.)			\$_____
V.	Applicant's estimated Educational Expenses for one (1) Academic Year (ie: Fall + Sprint Semesters)			
	A. Tuition			\$_____
	B. Books, Supplies and Fees			\$_____
	C. Room and Board			\$_____
	Total of Applicant's Educational Expenses (add A, B and C in Section V.)			\$_____
	Subtract Total Applicant's Expenses from Total Assets and enter here (+ or -)			\$_____