

KSC/KMS Competition Programs Financial Assistance Application

Due by October 15- If granted aid must be used by October 31 before price increases.

Due by November 1- If granted aid must be used by November 21 before price increases.

If you choose not to pay for the program prior to the price increase, financial assistance will not be adjusted.

Applicant's Name _____ **DOB** _____

Parent's Address (all correspondence will be mailed to this address)

Street _____

Town/City _____

State/Zip _____

Was applicant a member for previous season? _____ **yes** _____ **no**

What Program is applicant affiliated with? _____

Parental Information:

Father or Male Guardian: _____

Address: _____ **Employer:** _____

_____ **Telephone:** _____

Mother or Female Guardian: _____

Address: _____ **Employer:** _____

_____ **Telephone:** _____

Please list other children dependent on parents for support:

_____ **Age** _____ **Relation** _____

_____ **Age** _____ **Relation** _____

_____ **Age** _____ **Relation** _____

_____ **Age** _____ **Relation** _____

How many children above will be attending tuition-charging institutions this fall/season?

Please feel free to explain any special family or financial situations you believe merit consideration:

Please list expenses you expect to incur this season:

Club/school tuition _____

Travel _____

Race license/fees _____

Equipment _____

Other _____

Please include a copy of your last tax return!

Please complete the financial information worksheet below.

	2010	2011 (est)
Total taxable income before deductions		
Salaries & wages – father	_____	_____
Salaries & wages – mother	_____	_____
Dividends/interest income	_____	_____
Alimony payments	_____	_____
Net profit/loss from business	_____	_____
Other taxable income	_____	_____
Total non-taxable income		
Child support payments	_____	_____
Social security benefits	_____	_____
Total Federal income tax	_____	_____
Self-employment tax paid	_____	_____
Medical/dental expenses not paid by insurance	_____	_____

Assets & Liabilities:

Primary home:

Renting _____ Owner _____ Mortgage _____ Equity loans _____

Automobile(s): _____ Owned or financed? _____

Please list other assets such as real estate, investments, etc.

Parents' Certification & Authorization

We declare that the information reported on this form, to the best of our knowledge and belief, is true and complete. We authorize transmittal of this form to the Scholarship Committee as necessary and understand that all information provided is **confidential**. If asked by a school or agency, we agree to send an official photo static copy of our latest income tax return or assigned IRS form directly to the VARA.

Signature male parent/guardian: _____ Date: _____

Signature female parent/guardian: _____ Date: _____