



Garrett M. Brockway Foundation Tuition Assistance Application

Applications due May 1st. INCOMPLETE APPLICATIONS WILL BE RETURNED.

Do not leave any section of this application blank - if a section does not apply, write N/A.

Adult 1	PARENT, GUARDIAN, or OTHER ADULT RESPONSIBLE FOR TUITION
First and Last Name _____	Relationship to student(s) _____
Address _____	City, State, Zip _____
Phone _____	Email _____
Best way to contact with questions _____	Are you a registered member of a local church? _____
If so, church contact information _____	

Adult 2	PARENT, GUARDIAN, or OTHER ADULT RESIDING WITH ADULT 1
First and Last Name _____	Relationship to Adult 1 _____
Relationship to student(s) _____	Cell Phone _____
Email _____	

Dependents	PLEASE COMPLETE ALL FIELDS LISTING DEPENDENTS IN ORDER OF OLDEST TO YOUNGEST, INCLUDING DEPENDENT COLLEGE STUDENTS.			
Dependent Last Name	Dependent First Name	Relationship to Adult 1	School Name	Current Grade

HOUSEHOLD INFORMATION	
<p>1. Please list any person(s) residing in your home that is not listed above, including their relationship to Adult 1:</p> <p>Name _____ Relationship _____</p> <p>Name _____ Relationship _____</p> <p>Name _____ Relationship _____</p> <p>Name _____ Relationship _____</p>	<p>2. Current marital status/housing arrangements of Adult 1:</p> <p> <input type="checkbox"/> Married <input type="checkbox"/> Single (never married)* <input type="checkbox"/> Divorced* <input type="checkbox"/> Separated* <input type="checkbox"/> Widowed <input type="checkbox"/> Remarried* <input type="checkbox"/> Residing with Significant Other <input type="checkbox"/> Other _____ </p> <p>* If Single (never married), Divorced, Separated, or Remarried, please complete next section.</p>

DIVORCED, REMARRIED, SEPARATED, OR SINGLE PARENTS	
(To be completed by Adult 1)	
<p>1. Date of separation (month/year) _____</p> <p>2. Date of divorce (month/year) _____</p> <p>3. Name of non-custodial parent _____</p> <p>4. Do you receive and/or pay child support?</p> <p><input type="checkbox"/> Receive \$ _____ (monthly)</p> <p><input type="checkbox"/> Pay \$ _____ (monthly)</p> <p><input type="checkbox"/> Neither</p>	<p>5. Who claimed student(s) as tax dependent in 2013? _____</p> <p>6. Who is responsible for tuition for dependents listed in section 3?</p> <p><input type="checkbox"/> Father _____% Student Name _____</p> <p><input type="checkbox"/> Mother _____% Student Name _____</p> <p><input type="checkbox"/> Other _____% Student Name _____</p>

After completing both sides of this application, return to: Garrett M Brockway Foundation, PO Box 942, Burlington, IA 52601. Allow up to 6 weeks for processing. A letter will be mailed to you when your grant is determined.

NON-TAXABLE INCOME

PLEASE LIST MONTHLY AMOUNT OF NON-TAXABLE INCOME FOR ALL RECIPIENTS. IF NONE RECEIVED WRITE N/A

ALIMONY	CHILD SUPPORT	FOOD STAMPS AND/OR WIC	SOCIAL SECURITY INCOME	DEPENDENT SOCIAL SECURITY
\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
UNEMPLOYMENT	LOANS/GIFTS FROM FAMILY AND/OR FRIENDS		OTHER: _____	
\$ _____	\$ _____	\$ _____		

HOUSING INFORMATION

If renting, what is monthly rent? \$ _____ If you own your home, what is monthly mortgage? \$ _____
 Portion paid by Adult 1: \$ _____ Portion paid by Adult 1: \$ _____
 Portion paid by other sources: \$ _____ Portion paid by other sources: \$ _____

BUSINESS INCOME (IF YOU HAVE BUSINESS INCOME DO NOT LEAVE BLANK)**Please include any of the following that you submit with your taxes: Schedule C, Schedule E, and Schedule F.**

If your business pays your home rent or mortgage, what is the annual total? \$ _____
 If your business pays for your personal automobile(s), what is the annual total? \$ _____
 If your business pays for any portion of other personal expenses, what is the annual total? \$ _____
 If you own rental property, what was the total annual amount of rental income received? \$ _____

EXPLANATIONS (IF APPLICABLE)CHECK ALL THAT APPLY TO THE LAST 12 MONTH PERIOD AND EXPLAIN BELOW, PROVIDING OFFICIAL DOCUMENTATION WHEN AVAILABLE.
IF ADDITIONAL ROOM IS NEEDED, A SEPARATE SHEET MAY BE ATTACHED.
 Change of work status
 Recent Separation/Divorce
 Extreme medical expenses
 Change in number of dependents
REQUIRED INCOME DOCUMENTATION**THIS APPLICATION MUST BE ACCOMPANIED BY A YOUR MOST RECENT IOWA 1040 TAX FORM FOR ALL INCOME EARNING HOUSEHOLD MEMBERS NOT LISTED AS DEPENDENTS ON REVERSE**

- I HAVE INCLUDED MY MOST RECENT IOWA 1040 TAX FORM AS WELL AS MY SCHEDULE C, E, AND/OR F IF APPLICABLE.
 I DID NOT FILE TAXES IN IOWA BUT HAVE INCLUDED MY FEDERAL 1040 TAX FORM.
 I WAS NOT REQUIRED TO FILE TAXES BUT HAVE INCLUDED DOCUMENTATION FOR NON-TAXABLE INCOME LISTED ABOVE.
 I HAVE FILED FOR AN EXTENSION AND HAVE INCLUDED A COPY OF MY MOST RECENT EXTENSION FILING REQUEST AND W2 FORMS FOR ALL NON-DEPENDENT INCOME EARNING HOUSEHOLD MEMBERS OVER THE AGE OF 21.

****PLEASE BE SURE YOUR APPLICATION IS COMPLETE - INCOMPLETE APPLICATIONS WILL BE RETURNED****

ADULT 1, PLEASE INITIAL BELOW:

- I verify that all information on this application is true and correct.
 I verify that the tax return accompanying this application is a true copy of my filed return.
 I understand that grants received outside the Garrett M. Brockway Scholarship may affect grant amounts.

Adult 1 Signature

Date