Community Foundation of Southern Wisconsin, Inc
Scholarship Application Financial Form

Student's Name:

1. Total annual household income: ☐ Less than $20,000 ☐ $20,000 to $50,000 ☐ $50,000 to $80,000 ☐ $80,000 to $100,000 ☐ Over $100,000
2. Total number in family living in same household (including yourself):
3. Are there any unusual family expenses? If so, explain:
4. How will you finance your post high school education? (Check all that apply)

   ☐ Parents ☐ Summer Job ☐ Part-Time work while in school ☐ Student Loans
   Other (specify):
5. Amount saved for further education?:
6. Amount you can expect from parents/other sources per year?:
7. List other scholarships received:
8. Would you be financially able to attend college without the aid of this type of scholarship?: If no, explain:

****

Certification: All of the information on this form is true and complete to the best of my knowledge.

STUDENT'S SIGNATURE_____

FATHER'S OR GUARDIAN'S SIGNATURE_____

MOTHER'S OR GUARDIAN'S SIGNATURE_____

DATE:_____