LAVERNA M. SMEDLEY CHARITABLE FOUNDATION

FINANCIAL ASSISTANCE QUESTIONNAIRE

APPLICANT DATA

Last Name	First Name	Middle Initial	
Address	City	State	ZIP
INCOME, EXPENSE, A	ND ASSET DATA		
Please indicate whether you are filing your own taxes, or if you are still claimed as a dependent on someone else's return.			
Self	Dependent		
You must also indicate whether the information is from:			
A completed tax return - IRS Form 1040 filing date of April 15.			
Estimates based on current income information to be filed by April 15.			
Ad	justed gross income	Ś	
	tal U.S. income tax paid	\$ \$ r \$ \$ etc \$	
	come earned from work by Father/Mother/Guardian:	\$	
	by Applicant:	\$	
Un	taxed income and benefits: Social Security, AFDC, ADC other	r \$	
	edical/Dental expenses not paid by insurance	\$	
Ca	sh, savings, bonds, stocks, checking accounts, C.D.'s, notes, e	etc \$	
То	tal number of exemptions	Ś	

CERTIFICATION AND SIGNATURES

Certification: All of the information on this form is true and complete to the best of my (our) knowledge. If asked by Trustee of Foundation, I (we) agree to give proof of the information that I (we) have given on this form. I (we) realize that this proof may include a copy of my (our) U.S. and/or state income tax return. I (we) also realize that if I (we) do not give proof when asked, I may not be eligible for any grants from this Foundation .

Applicant's Signature

Date If

If applicable, Guardian's Signature

Date