LAVERNA M. SMEDLEY CHARITABLE FOUNDATION

FINANCIAL ASSISTANCE QUESTIONNAIRE

APPLICANT DATA

Last Name	First Name	Middle Initial

Address	City	State	ZIP

INCOME, EXPENSE, AND 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.

Adjusted gross income	$_____
Total U.S. income tax paid	$_____
Income earned from work by Father/Mother/Guardian:	$_____
by Applicant:	$_____
Untaxed income and benefits: Social Security, AFDC, ADC other	$_____
Medical/Dental expenses not paid by insurance	$_____
Cash, savings, bonds, stocks, checking accounts, C.D.'s, notes, etc	$_____
Total number of exemptions…	$_____

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 applicable, Guardian's Signature*	*Date*