

ANNUAL INCOME AND BENEFITS

	From Most Recent Tax Return (Year: _____)	Estimated Current Year
Gross Wages, Salaries, Tips (student)	_____	_____
Gross Wages, Salaries, Tips (spouse/partner)	_____	_____
Interest and Dividends	_____	_____
Income/(Loss) from Business/Farm	_____	_____
Other Taxable Income (pensions, rents, trusts, etc.)	_____	_____
Alimony and/or Child Support	_____	_____
Veteran's Benefits	_____	_____
Grants, Scholarships, Fellowships, Student Loans (<i>do not include MALS scholarship</i>)	_____	_____
Other Support (i.e. family) (Specify source: _____)	_____	_____
TOTAL ANNUAL INCOME	_____	_____

ASSETS

	Value	Amount Owed
Cash, Savings, and Checking Accounts	_____	_____
Home(s)	_____	_____
Business or Farm or Real Estate	_____	_____
Vehicles (current value)	_____	_____
Other Investments (stocks, bonds, mutual funds; <i>do not include IRAs unless source of income</i>)	_____	_____
TOTAL ASSET VALUE	_____	_____
TOTAL AMOUNT OWED		_____

INCOME RECAP

You may submit supplemental materials (i.e., tax returns). However, you must fill this form out completely in order to be considered for a scholarship award.

1. Current **Monthly Gross Income** _____
Before-tax income from all sources; should equal 1/12 of annual income. If it does not equal 1/12, please explain (e.g., mid-year salary increase/decrease) _____
2. Current **Monthly Net Income** _____
After taxes (take-home pay). NOTE: this is an income amount only. Do not deduct monthly expenses.

COMPLETE ALL INFORMATION ABOVE AND ON THE NEXT PAGE. INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED.

PLEASE PROVIDE A STATEMENT ADDRESSING THE FOLLOWING:

1. Is this is a typical year financially? If not, please explain.
2. Indicate unusual financial obligations (e.g., large medical expenses not covered by insurance).

NOTE: If you are currently a MALS scholarship recipient, explain any changes from your previous scholarship application that would necessitate an increase/decrease in your award. If no such changes exist, you do not need to complete this section.

Submit a separate sheet if necessary.

I hereby certify that the information given by me in this application and attached statement is complete and correct to the best of my knowledge.

Signature _____

Date _____

REQUEST FOR MALS SCHOLARSHIP FOR MORE THAN ONE COURSE

Semester _____ Number of courses _____

Name _____

Email address _____

MALS is designed for part-time students. Most awards are distributed based on one course per semester for a maximum of three courses per year. Requests for scholarship for more than one course are decided on a case-by-case basis and depend on budgetary constraints. NOTE: Permission of the MALS director is required if you wish to take more than one course.

Please explain your circumstances and why you are requesting an award for more than one course:

Signature _____ Date _____

For Office Use

Reviewed by _____ Date _____

Number of courses _____ Award amount _____

Approve/decline _____

Date student notified _____

Current scholarship _____ Number of courses remaining _____

Award _____ Number of courses _____

Comments _____
