



*See reverse side for instructions to assist in completing this form

Note: This questionnaire should be completed by the parent of the applicant

A. STUDENT

Mr. Ms. Last Name: _____ First Name: _____ MI: _____

Permanent Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Daytime Phone: (_____) _____ Email Address: _____

B. PARENTS' INCOME, EXPENSE, AND ASSET DATA (FOR THE YEAR JANUARY 1, 2025 TO DECEMBER 31, 2025)

The applicant's parent(s) must complete the following section. **NOTE:** If legally classified as an independent student, use this section to supply your (and your spouse's, if any) financial information. Indicate whether the information is from:

Estimates based on current income information to be filed by April 15, 2026.
 A completed tax return - IRS FORM 1040 filing date of April 15, 2026.

1. State of Residence _____

2. Adjusted gross income (FORM 1040) \$ _____

3. Total federal tax paid (FORM 1040) \$ _____

4. Total income of father or self if independent student \$ _____

Total income of mother \$ _____

5. Yearly untaxed income and benefits: Please indicate source - Social Security AFDC

Child Support Other \$ _____

6. Medical/Dental expenses not paid by insurance (exclude premiums) \$ _____

7. Total cash, checking, savings, cash value of stocks, etc. (exclude
retirement plan funds, IRA, 401(k)) \$ _____

8. Total number of family members living in the household and primarily supported
by the reported income # _____

9. Marital status of parent/legal guardian or independent student's current marital status is (check one):

Single Married Separated Divorced Widowed

10. Total number of family members attending a postsecondary school at least half-time
during the 2026-2027 school year, including applicant # _____

C. 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 an authorized official of EHC, 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) 2024 U.S. and/or state income tax return. I (we) also realize that if I (we) do not give proof when asked; the student may not receive aid.

Applicant's Signature _____

Parent's Signature _____ Father Mother
(Not required for independent student)

Do you have legal custody of the student? Yes No

Is the student your dependent? Yes No

INSTRUCTIONS FOR COMPLETING THE FINANCIAL ASSISTANCE QUESTIONNAIRE (FAQ)

A. **STUDENT INFORMATION:** The scholarship applicant's name should appear on the first line on the FAQ; however, the questionnaire must be completed by the parents of the applicant. An exception is if the applicant is legally classified as an independent student. The independent student must supply his/her financial information.

B. **PARENTS' INCOME, EXPENSE AND ASSET DATA:** Information on this form must be from the parents' completed tax return or based on estimated information to be filed by April 15, 2026. Be sure to check the appropriate box.

1. **State of Residence** is the state where the parent(s) reside and pay state income tax.
2. **Adjusted Gross Income** can be found on IRS FORM 1040 and is gross income increased or reduced by specific adjustments specified by law.
3. **Total Federal Tax Paid** includes the total amount of **federal** income tax to be paid as reported on IRS Form 1040. This is **not** the amount withheld from employee's paychecks. (The amount withheld should be adjusted by any refund or additional taxes due.) Do **not** report state income tax.
4. **Total Income of Parent(s)** should be reported individually. Provide information for both natural parents, when possible. **If the student resides with only one parent**, financial information **must** be received from the parent who claims the child as a dependent for tax purposes. If a parent has remarried, the spouse's information is required if the spouse is a legal guardian of the student, or claims the student as a dependent, or the student is included in the spouse's benefit plan. **If necessary, two Financial Assistance Questionnaires may be submitted by the student** (make copy of form as necessary).
5. **Untaxed Income and Benefits** include any other income or benefits not included in the adjusted gross income figure. Do not include untaxed contributions to retirement plans.
6. **Medical and Dental Expenses** include only those expenses **not** paid by insurance. Do not include premium payments.
7. **Total Cash, Checking, Savings, Cash Value of Stocks, etc.**, include liquid assets that can be used for educational expenses. **Do not include IRA, 401K, or other retirement plan funds.**
8. **Total Number of Family Members** living in the household and primarily supported by the reported income – includes dependent college students living away from home.
9. **Marital Status** is the current status of the person from whom the financial information is submitted.
10. **Total Number of Family Members Attending Postsecondary School** includes all family members attending a two- or four-year college, university, or vocational-technical school at least half-time. Be sure to include the applicant in this number.

C. **CERTIFICATION AND SIGNATURES:** Both the student and the parent completing the FAQ must sign this form. Parent's signature is not required for an independent student. Please read the Certification box.

NOTE: Any exceptions to providing financial information as instructed above must be submitted to the EHC Scholarship Committee in writing.