

LAVERNA M. SMEDLEY CHARITABLE FOUNDATION

FINANCIAL ASSISTANCE QUESTIONNAIRE

APPLICANT DATA

Last Name	First Name	Middle Initial
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Address	City	State	ZIP
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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
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