



ELMER & GLADYS FERGUSON CHARITABLE TRUST APPLICATION

Nancy F Rasco, Carolyn F Pryor, Rebecca F Ehrlicher, Co-Trustees

PERSONAL DATA

Name: _____ SSN: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____ DOB: ____/____/____

Sex: Male | Female

US Citizen: Yes No

Father's Name: _____ Occupation: _____

Mother's Name: _____ Occupation: _____

FINANCIAL NEED

Please indicate your family's **adjusted gross income** from last year's tax return:

- | | | |
|---|---|---|
| <input type="checkbox"/> under \$15,000 | <input type="checkbox"/> \$25,000 to \$30,000 | <input type="checkbox"/> \$35,000 to \$50,000 |
| <input type="checkbox"/> \$15,000 to \$25,000 | <input type="checkbox"/> \$30,000 to \$35,000 | <input type="checkbox"/> over \$50,000 |

Number of dependents in your parents' family including yourself: _____

of Children: _____ Ages: _____ # attending College: _____

Other financial considerations which need to be noted: _____
