

Gillett Farmers and Businessmen's Scholarship Application

PERSONAL DATA *(please include photo)*

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:

under \$15,000

\$25,000 to \$30,000

\$35,000 to \$50,000

\$15,000 to \$25,000

\$30,000 to \$35,000

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: _____

