

Please list all dependent children by age. Children's names are already noted on U.S. tax form 1040 which will be attached.

Age	Name of school, if applicable	2009-10 Grade

AMOUNT OF TUITION ASSISTANCE REQUESTED \$ _____

FINANCIAL DATA

INCOME NOT INCLUDED ON U.S. TAX FORM (1040)			PER MONTH
1 Child Support Payments			\$
2 Other (please describe)			\$
ASSETS			CURRENT VALUE
1 Residence #1			\$
2 Residence #2			\$
3 Other Real Estate			\$
4 Automobiles:			
	YEAR	Make	Model
			\$
			\$
			\$
LIABILITIES			AMOUNT OWED
1 Residence #1			\$
2 Residence #2			\$
3 Other Real Estate			\$
4 Automobiles:			
	Auto #1		\$
	Auto #2		\$
	Auto #3		\$
5 Credit Cards (total)			\$
6 Charge Accounts			\$
7 Bank Loans (other than above)			\$
8 Medical Bills (not covered by insurance)			\$
9 All others (please list)			
	A		\$
	B		\$
	C		\$
OTHER MONTHLY PAYMENTS			
1 Rent on Residence #1			\$
2 Rent on Residence #2			\$
3 Rent of Automobiles			\$
4 All Others (please list)			
	A		\$
	B		\$
	C		\$
	D		\$

N.B. All information shared on this form and the tax form are held as confidential. If there are additional comments you feel that the T.A.P. committee should take into account, please attach an additional sheet with this application.