

# FINANCIAL ASSISTANCE QUESTIONNAIRE (FAQ)

## SCHOLARSHIP FOUNDATION of East Providence, Inc.

PO Box 15-4438, Riverside, RI 02915



**NOTE:** This questionnaire is to be completed by the PARENT for the applicant.

### A. STUDENT INFO: (Please print)

Mr.  Miss Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_  
Permanent Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Daytime Phone: ( ) \_\_\_\_\_ Student Email: \_\_\_\_\_

### B. PARENTS' INCOME, EXPENSE, AND ASSET DATA for the year of JAN. 1, 2024 – DEC. 31, 2024

The applicant's parent(s) must complete the following section. Indicate whether the information is from:

- Estimates based on current income information to be filed by April 15, 2025  
 PARENTS' completed tax return – IRS FORM 1040 (Filing date of April 15, 2025)

1. State of Residence ..... \_\_\_\_\_
2. Adjusted gross income (FORM 1040) ..... \$ \_\_\_\_\_
3. Total Federal Income Tax paid (FORM 1040) ..... \$ \_\_\_\_\_
4. Income of father ..... \$ \_\_\_\_\_  
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 number of family members living in the household and primarily supported by the reported income ..... # \_\_\_\_\_
8. Marital status of the parent/legal guardian (Check one.)  
 Single  Married  Separated  Divorced  Widowed
9. Total number of family members attending postsecondary school at least half time for the 2025 – 2026 school year, including the 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 official of SCHOLARSHIP FOUNDATION of East Providence, Inc., 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

Do you have legal custody of the applicant? \_\_\_\_\_  
Is the applicant your dependent?..... \_\_\_\_\_

Parent Email: \_\_\_\_\_

## INSTRUCTIONS FOR COMPLETING SF 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.
- B. **PARENTS' INCOME EXPENSE AND ASSET DATA:** Information on this form must be from the parent(s) completed tax return or based on estimated information to be filed by April 15, 2023. Be sure to check the appropriate box.
1. **State of Residence** is the state where the parent(s) reside and pay 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 employees' pay checks. (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 claimed in the spouse's benefit plan. **If necessary, two Financial Assistance Questionnaires may be submitted by the student. (Make a copy of the form if needed.)**
  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 Number of Family Members** living in the household and primarily supported by the reported income. Include dependent college students living away from home.
  8. **Marital Status** is the current status of the person from whom the financial information is submitted.
  9. **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. Please read the Certification Box.

**NOTE:** Any exceptions to providing financial information as instructed above must be submitted to SFEP – SCHOLARSHIP FOUNDATION OF EAST PROVIDENCE, INC. in writing. Failure to provide financial information will result in the applicant's not receiving aid.