Henry Buresh Scholarship
Financial Assistance Questionnaire (FAQ)

Henry Buresh Scholarship
Attn: FCB WM
PO BOX 1708
Mason City, IA 50402

Email: wealth@myfcb.bank
Phone: 641-422-1600

Applications can be submitted via mail or email.

Applicant: _____
Last Name *First Name* *Middle Initial*

INCOME, EXPENSE, AND ASSET INFORMATION FOR THE YEAR: _____

Tax filing status: ☐ Individual ☐ Dependent ☐ Married

Specify the source of the information:

☐ A completed tax return - IRS Form 1040 filing date of April 15.

☐ Estimates based on current income information to be filed by April 15.

1. Adjusted gross income……..... $_____
2. Total U.S. income tax paid……..... $_____
3. Income earned from work by Father/Mother/Guardian…….. $_____
   Applicant……. $_____
4. Untaxed income and benefits: Social Security, AFDC, ADC other…….. $_____
5. Medical/Dental expenses not paid by insurance……..... $_____
6. Cash, savings, bonds, stocks, checking accounts, C.D.'s, notes, etc..... $_____
7. Total number of exemptions…….. _____

Additional Information (if applicable)

1. Marital status of the Applicant's parents: ☐ Married ☐ Divorced ☐ Separated ☐ Single ☐ Widowed

2. Total number of family members (including Applicant) attending post-secondary school at least part (1/2) time during the _____ school year: _____

Signatures

All of the information on this form is true and complete to the best of my (our) knowledge. If asked by an authorized official of CSFA, 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, the student may not receive aid.

_____ _____
Applicant's Signature *Date*

_____ _____
If applicable, Guardian's signatures *Date*