
INCOME TAX DATA (2012 tax year)

Adjusted Gross Income from 2012 tax return \$ _____
 Total federal income tax paid \$ _____
 State or local income tax paid (total all jurisdictions) \$ _____

Filing status: Single Married, filing jointly Married, filing separately Head of household

DEPENDENTS

Do you claim dependents on your tax return? Yes No

If yes, please specify:

	<u>Age</u>	<u>Live at Home (Y/N)</u>	<u>School Name</u>	<u>Public or Private?</u>	<u>Anticipated Tuition Costs</u>	<u>Financial Aid/Scholarships/Loans</u>
1.	_____	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____	_____
5.	_____	_____	_____	_____	_____	_____
6.	_____	_____	_____	_____	_____	_____

More than 6, please list on reverse.

ASSETS

	<u>Estimated Current Amount or Value</u>	<u>Amount Owed</u>
Cash, savings, checking	\$ _____	_____
Home	\$ _____	\$ _____
Other real estate and investments	\$ _____	\$ _____
Business and farm	\$ _____	\$ _____
Other assets (describe) _____	\$ _____	\$ _____

CURRENT EMPLOYMENT DETAIL
Applicant:

<u>Employer</u>	<u>Job Title</u>	<u>Date Employed</u>	<u>Current Salary</u>	<u>Full Time or Part Time?</u>
_____	_____	_____	_____	_____

Spouse or Domestic Partner (please write N/A if not applicable)

<u>Employer</u>	<u>Job Title</u>	<u>Date Employed</u>	<u>Current Salary</u>	<u>Full Time or Part Time?</u>
_____	_____	_____	_____	_____

Will **spouse or domestic partner** be a student during the 2014-2015 academic year?

	<u>Institution</u>	<u>Financial Aid Expected</u>
<input type="checkbox"/> Yes <input type="checkbox"/> Graduate <input type="checkbox"/> Undergraduate	_____	Grants: \$ _____
		Loans: \$ _____
<input type="checkbox"/> No		

STUDENT AND SPOUSE/DOMESTIC PARTNER'S ANTICIPATED INCOME AND BENEFITS – 2014-2015 (Please write N/A if not applicable)

	<u>Summer 2014</u>	<u>Academic Year 2014-2015</u>
Applicant's anticipated taxable income (not including financial aid)	\$ _____	\$ _____
Spouse/domestic partner's anticipated taxable income (not including financial aid)	\$ _____	\$ _____
Applicant's Social Security educational benefits (if applicable)	\$ _____	\$ _____
Applicant's veteran's educational benefits	\$ _____	\$ _____

OTHER FINANCIAL RESOURCES – 2014-2015

<u>Scholarships, Grants, Fellowships</u>	<u>Applied</u>	<u>Awarded</u>
1. _____		
2. _____		
3. _____		
Financial assistance from family and others	\$ _____	

INDEBTEDNESS

	<u>Total Owed as of December 2013</u>	<u>Amount to Be Paid in Academic Year 2014-2015</u>
Applicant's student loans	\$ _____	\$ _____
Spouse/domestic partner's student loans	\$ _____	\$ _____
Other debt (credit card, home equity line of credit, personal loans)	\$ _____	\$ _____

MONTHLY HOUSING EXPENSES

Rent or mortgage payment (monthly)	\$ _____
Real estate taxes	\$ _____
Homeowner's or renter's insurance, annually	\$ _____
Other	\$ _____

TRAVEL EXPENSES (please write N/A if not applicable)

Automobile make, model, and year _____

Monthly auto payment (including insurance) \$ _____

Amount owed on automobile \$ _____

Anticipated 2014-2015 monthly mass-transit costs \$ _____

Use this box to explain any other financial consideration that you would like the committee to use in evaluating your need:

PREVIOUS NJLA SCHOLARSHIP RECIPIENT?**Did you previously receive a New Jersey Library Association scholarship?**

(Note: Previous applicants or award recipients are eligible to reapply.)

 Yes No**OPPORTUNITY TO SERVE****Scholarship recipients are given an opportunity to be of service to NJLA. Would you be interested in this?** Yes No

STATEMENT: All the information on this application is true and complete to the best of my (our) knowledge. If requested by an authorized official, I (we) agree to provide the Scholarship Committee documentation regarding the information I (we) have provided on this form and acknowledge such proof may include a copy of relevant federal, state, and local tax returns. We acknowledge that failure to present such documentation, when asked, will result in disqualification of my application and no aid will be granted.

Applicant's Signature_____
Date_____
Spouse's or Domestic Partner's Signature_____
Date

I AGREE TO BE AVAILABLE FOR AN INTERVIEW on Friday, April 25, 2014, at Rutgers University in New Brunswick, NJ.

(Signature)