

# BATS Scholars Application: Parent Disclosure of Financial Resources

Candidate: \_\_\_\_\_ Parent/Guardian: \_\_\_\_\_ Relationship to Candidate: \_\_\_\_\_

**1. Employment** (Give information on your current job or, if you're unemployed, your most recent job.)

- a. Employer:
- b. Employer's address:
- c. Employer's phone number:
- d. Occupation:
- e. Date job started:
- f. If unemployed, date job ended:
- g. I work about \_\_\_\_\_ hours per week.
- h. I get paid \$ \_\_\_\_\_ gross (before taxes)  per month  per week  per hour.

**(If you have more than one job, attach a sheet of paper and list the same information as above for your other jobs.)**

**2. Age and education**

- a. My age is (specify): \_\_\_\_\_
- b. I have completed high school or the equivalent:  Yes  No If no, highest grade completed (specify): \_\_\_\_\_
- c. Number of years of college completed (specify): \_\_\_\_\_ Degree(s) obtained (specify): \_\_\_\_\_
- d. Number years of graduate school completed (specify): \_\_\_\_\_ Degree(s) obtained (specify): \_\_\_\_\_
- e. I have:  professional/occupational license(s) (specify): \_\_\_\_\_  
 vocational training (specify): \_\_\_\_\_

**3. Tax information**

- a.  I last filed taxes for tax year (specify year): \_\_\_\_\_
- b. My tax filing status is  single  head of household  married, filing separately  
 married, filing jointly with (specify name): \_\_\_\_\_
- c. I file state tax returns in  California  other (specify state): \_\_\_\_\_
- d. I claim the following number of exemptions (including myself) on my taxes (specify): \_\_\_\_\_

**4. Income** (For average monthly, add up all the income you received in each category in the last 12 months and divide the total by 12.)

|  | Average<br>monthly |
|--|--------------------|
| a. Salary or wages (gross, before taxes).....  | \$ _____           |
| b. Overtime (gross, before taxes) .....  | \$ _____           |
| c. Commissions or bonuses.....   | \$ _____           |
| d. Public assistance (for example: TANF, SSI, GAIGR) <input type="checkbox"/> currently receiving .....  | \$ _____           |
| e. Spousal support <input type="checkbox"/> from this marriage <input type="checkbox"/> from a different marriage .....  | \$ _____           |
| f. Partner support <input type="checkbox"/> from this domestic partnership <input type="checkbox"/> from a different domestic partnership .....                    | \$ _____           |
| g. Pension/retirement fund payments.....   | \$ _____           |
| h. Social security retirement (not SSI) .....  | \$ _____           |
| i. Disability: <input type="checkbox"/> Social security (not SSI) <input type="checkbox"/> State disability (SDI) <input type="checkbox"/> Private insurance ..... | \$ _____           |
| j. Unemployment compensation .....   | \$ _____           |
| k. Workers' compensation .....   | \$ _____           |
| l. Other (military BAQ, royalty payments, etc.) (specify): .....   | \$ _____           |

**5. Investment income**

|                                 |          |
|---------------------------------|----------|
| a. Dividends/interest.....      | \$ _____ |
| b. Rental property income ..... | \$ _____ |
| c. Trust income.....            | \$ _____ |
| d. Other (specify): .....       | \$ _____ |

**6. Income from self-employment, after business expenses for all businesses.....**

|   |          |
|---|----------|
| I am the <input type="checkbox"/> owner/sole proprietor <input type="checkbox"/> business partner <input type="checkbox"/> other (specify): _____ | \$ _____ |
| Number of years in this business (specify): _____   |          |
| Name of business (specify): _____   |          |
| Type of business (specify): _____   |          |

**7.  Additional income.** I received one-time money (lottery winnings, inheritance, etc.) in the last 12 months (specify source

and amount):

8.  **Change in income.** My financial situation has changed significantly over the last 12 months because (specify):

9. **Deductions**

- |   |            |
|---|------------|
|   | Last month |
| a. Required union dues .....  | \$ _____   |
| b. Required retirement payments (not social security, FICA, 401(k), or IRA) .....                                 | \$ _____   |
| c. Medical, hospital, dental, and other health insurance premiums (total monthly amount) .....                    | \$ _____   |
| d. Child support that I pay by Court order .....  | \$ _____   |
| e. Spousal support that I pay by Court order .....  | \$ _____   |
| f. Partner support that I pay by Court order .....  | \$ _____   |
| g. Necessary job-related expenses not reimbursed by my employer (attach explanation labeled "Question 10g") ..... | \$ _____   |

10. **Assets**

- |   |          |
|---|----------|
|   | Total    |
| a. Cash and checking accounts, savings, credit union, money market, and other deposit accounts .....  | \$ _____ |
| b. Stocks, bonds, and other assets I could easily sell .....  | \$ _____ |
| c. All other property, <input type="checkbox"/> real and <input type="checkbox"/> personal (estimate fair market value minus the debts you owe) ..... | \$ _____ |

11. **The following people live with me:**

| Name | Age | How the person is related to me? (ex: son) | That person's gross monthly income | Pays some of the household expenses?                            |
|------|-----|--|------------------------------------|---|
| a.   |     |  |                                    | <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> No |
| b.   |     |  |                                    | <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> No |
| c.   |     |  |                                    | <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> No |
| d.   |     |  |                                    | <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> No |
| e.   |     |  |                                    | <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> No |

12. **Average monthly expenses**

Estimated expenses     Actual expenses     Proposed needs

- |  |   |
|--|---|
| <p>a. Home:</p> <p>(1) <input type="checkbox"/> Rent or <input type="checkbox"/> mortgage... \$ _____</p> <p style="margin-left: 20px;">If mortgage:</p> <p style="margin-left: 40px;">(a) average principal: \$ _____</p> <p style="margin-left: 40px;">(b) average interest: \$ _____</p> <p>(2) Real property taxes ..... \$ _____</p> <p>(3) Homeowner's or renter's insurance (if not included above) ..... \$ _____</p> <p>(4) Maintenance and repair ..... \$ _____</p> <p>b. Health-care costs not paid by insurance... \$ _____</p> <p>c. Childcare ..... \$ _____</p> <p>d. Groceries and household supplies..... \$ _____</p> <p>e. Eating out. .... \$ _____</p> <p>f. Utilities (gas, electric, water, trash) ..... \$ _____</p> <p>g. Telephone, cell phone, and e-mail ..... \$ _____</p> | <p>h. Laundry and cleaning ..... \$ _____</p> <p>i. Clothes..... \$ _____</p> <p>j. Education ..... \$ _____</p> <p>k. Entertainment, gifts, and vacation. .... \$ _____</p> <p>l. Auto expenses and transportation (insurance, gas, repairs, bus, etc.) ..... \$ _____</p> <p>m. Insurance (life, accident, etc.; do not include auto, home, or health insurance)... \$ _____</p> <p>n. Savings and investments..... \$ _____</p> <p>o. Charitable contributions. .... \$ _____</p> <p>p. Monthly payments listed in item 13 (itemize below in 13 and insert total here).. \$ _____</p> <p>q. Other (specify): ..... \$ _____</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>r. <b>TOTAL EXPENSES</b> (a-q) (do not add in the amounts in a(1)(a) and (b)) \$ _____</p> </div> <p>s. Amount of expenses paid by others \$ _____</p> |
|--|---|

**13. Installment payments and debts not listed above**

| Paid to | For | Amount | Balance | Date of last payment |
|---------|-----|--------|---------|----------------------|
|         |     | \$     | \$      |                      |
|         |     | \$     | \$      |                      |
|         |     | \$     | \$      |                      |
|         |     | \$     | \$      |                      |

**14. Children's health-care expenses**

- a.  I do  I do not have health insurance available to me for the children through my job.
- b. Name of insurance company:
- c. Address of insurance company:
- d. The monthly cost for the **children's** health insurance is or would be (*specify*): \$  
*(Do not include the amount your employer pays.)*

**15. Additional expenses**

- a. Child care so I can work or get job training ..... Amount per month  
\$ \_\_\_\_\_
- b. Children's health care not covered by insurance ..... \$ \_\_\_\_\_
- c. Children's educational or other special needs (*specify below*): ..... \$ \_\_\_\_\_

**16. Special hardships**

- a. Extraordinary health expenses not included in 15b. .... Amount per month  
\$ \_\_\_\_\_
- b. Major losses not covered by insurance (examples: fire, theft, other  
insured loss) ..... \$ \_\_\_\_\_
- c. (1) Expenses for my minor children other than the candidate  
..... \$ \_\_\_\_\_  
 (2) Names and ages of those children (*specify*):

The expenses listed in a, b, and c create an extreme financial hardship because (*explain*):

**17. Other information I want the committee to know concerning my situation (*specify*):**

I declare under penalty of perjury under the laws of the State of California that the information contained on all pages of this form and any attachments is true and correct.

Date:

\_\_\_\_\_  
(TYPE OR PRINT NAME)

\_\_\_\_\_  
(SIGNATURE)