STUDENTS INCOME AND EXPENSES FOR ONE YEAR

APPLICANT NAME: _____

INCOME

1. From scholarships, fellowships or tuition waivers $_____
2. From your savings/investments $_____
3. Earnings during school year $_____
4. Earnings during summer $_____
5. Earnings of spouse, if applicable $_____
6. Financial aid from parents $_____
7. Loans (bank, school, gov't.) $_____
8. Other_____ $_____

TOTAL: **$_____**

EXPENSES

1. Tuition: Private $_____
   In-State $_____
   Out-of State $_____
2. Fees, books, supplies $_____
3. Room & board at school $_____
4. Rent, food, utilities off campus $_____
5. Clothing, laundry, cleaning $_____
6. Other_____ $_____

TOTAL: **$_____**

State whether you are eligible for reimbursement from any other source for any of the expenses to be incurred in participating in this educational program and, if so, the amount eligible for reimbursement.

_____

_____

I currently live with my parents during school ___ Y ___N, During Summers ___Y ___N

REQUIRED SIGNATURES:

If you are claimed by your parents/guardians as a tax deduction, they must complete and sign the section below: Parents

Occupation:_____

Number of dependents in home:_____

Number of dependent children attending college, including applicant:_____

Parents'/guardians' income (circle one): Under $20,000 $20,000-$40,000 $40,000-$60,000 $60,000-$75,000 $75,000 - $100,000 $100,000+

Parent/Guardian Signature:_____Date:_____

Please provide proof of your income by attaching an IRS transcript validating your most recent tax return filing. Transcripts can be ordered on-line (www.irs.gov) or by calling 800.829.1040.

Independent Status:

If you are NOT claimed as a dependent by your parents/guardians, please provide proof of your independent status by attaching an IRS transcript validating your most recent tax return filing. Transcripts can be ordered on- line (www.irs.gov) or by calling 800.829.1040.

State the amount of scholarship funds you are seeking and provide an estimated breakdown of how these funds will be spent.

_____

_____

I agree to furnish the NCPMA Education Foundation proof of course completion and grade point average. In completing this application for the NCPMA Education Foundation Scholarship, I certify that, to the best of my knowledge, the information contained in this application is complete and accurate.

Signature of Applicant:_____

Date:_____

We are aware that this applicant is applying for a NCPMA Education Foundation Scholarship and support this effort.

Signature of NCPMA member verifying this application:_____

Company:_____

Address:_____

Date:_____

For additional information, call the NCPMA office at 919-827-4746 or email info@ncpestmanagement.org.

FOR NCPMA EDUCATION FOUNDATION OFFICE USE ONLY:

Date received: _____ Date sent to committee: _____ Date of action: _____

Approved ☐ Amount $_____

Denied ☐ Chairman signature:_____

Date:_____