

**2017-18 MACHEN FLORIDA OPPORTUNITY SCHOLARSHIP
SUPPLEMENTAL INFORMATION FORM**

The Machen Florida Opportunity Scholarship (MFOS) assists first-generation college students in meeting their college costs. First-generation in college is defined as neither of the parents or legal guardians have earned a bachelor's degree. To be eligible, your parents' or legal guardians' combined total income must be below \$40,000. Additionally, your parents' or legal guardians' assets must be below \$25,000.

To be considered for the MFOS:

- You must complete **all** sections of this form. **Incomplete forms will not be considered.**
- You must be a first-time in college student admitted to an undergraduate program (excluding UF Online or PaCE students) beginning summer 2017 or later.
- You and your parent(s) or legal guardians must sign this form.
- You must be a U.S. Citizen or permanent resident.
- You must be a Florida resident and you must have graduated from a Florida High School.
- You must include a copy of your parent(s) or legal guardian's **2014** Tax Return including all attachments and schedules (for example, Schedule C, Form 8949, etc.) Your application **will not** be reviewed until the Income Tax Return is received. Please see section II for exceptions.
- You must also include any other requested documents.

I. STUDENT INFORMATION

UFID _____ Name _____

Address _____

(must be a physical address – not a PO Box)

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____ Email _____

High School _____ City of High School _____

Are you part of Upward Bound? Yes No

Are you a Take Stock In Children Scholar? Yes No

Are you part of the College Reach Out Program? Yes No

Are you part of the Boys or Girls Club Program? Yes No

Are you a beneficiary of a Florida Assistance or Aid Program Yes No

(e.g., Florida Kidcare, Food Stamp Program, Free or reduced lunch, SUNCAP, etc.)

If you answered yes, please list the name/s of the program/s:

Do you have a Florida Prepaid plan: Yes No
If yes, what does your plan cover? Tuition Tuition & Housing

If yes, who purchased? _____

Have you been employed while in High School? Yes No

If yes, please list your employers: _____

II. STUDENT DEPENDENCY STATUS

If any of these apply, please provide requested documentation. Complete sections III, V, VI, X & Section XI only needs your signature, not a parent.

- I am in a legal guardianship as determined by a court in my state of legal residence (Attach photocopies of court documents appointing your legal guardian.)
- My high school or school district homeless liaison determined I was an unaccompanied youth who was homeless. (Attach a photocopy of a letter from your school district certifying your homeless or at risk status.)
- The director of an emergency shelter program funded by the US Department of Housing and Urban Development determined I was an unaccompanied youth who was homeless. (Attach a photocopy of a letter from a director of a HUD emergency shelter certifying your homeless or at risk status.)
- The director of a runaway or homeless youth basic center or transitional living program determined I was an unaccompanied youth who was homeless or self-supporting and at risk of being homeless. Attach a photocopy of a letter from a director of a qualifying shelter or program certifying your homeless or at risk status.
- At any time since you turned age 13, were you in Foster Care or a dependent or ward of the court. (Attached photocopies of court documents).

If none of the above apply, you must complete all sections of this form.

- I do not meet any of the above conditions. If you check this item you are considered dependent for financial aid purposes. You must provide parental data on your FAFSA and this form. Please contact your financial aid advisor if you need assistance.

III. RESIDENCE INFORMATION

Please indicate in whose home you reside:

- Mother & Father
 - Mother & Stepparent
 - Grandparent/s
 - Other (you must indicate the relationship with whom you are living other than family members noted above) _____
Please explain why _____
- Mother Father
 Father & Stepparent

Please check one of the following and complete that section:

- Parents or Guardian Own Home
 - What was the purchase price? \$ _____
 - What year was it purchased? _____
 - What is the current market value? \$ _____
 - How much is currently owed? \$ _____
 - What is the monthly mortgage payment? \$ _____
 - If in foreclosure, what was the monthly mortgage payment? \$ _____
- Parents or Guardian Are Renting
 - What is the monthly rent amount? \$ _____
 - What year did your parent/s begin renting? _____
- Living With Others
 - How many years have you lived with them? _____
 - How much is paid monthly to live with them? \$ _____

IV. PARENT MARITAL STATUS

Please list all of your parents' or legal guardian's names and addresses below (including separated or divorced parents):

Parent 1: Name _____
Physical address _____

Parent 2: Name _____
Physical address _____

The marital status of your parents listed above is:

- Married Remarried Widowed Never Married
- Unmarried, parents living together Divorced* Separated*

Month and year parent/s married, remarried, separated, divorced or became widowed: _____

* If you indicated divorced or separated, you must provide proof of divorce or separation. Proof of separation can be a detailed statement from your attorney/ or separate utility or telephone bills from each parent. Proof of divorce can be a photocopy of the finalized divorce decree. Provide proof of child support received.

Month and year of last contact with separated/divorced parent** : _____

** If less than ten years, list type of employment and yearly income of separated or divorced parent _____

V. HOUSEHOLD INFORMATION

Please list the members of your household:

Name	Age	Relationship to You

VI. PARENT OR LEGAL GUARDIAN EDUCATION

Please place a check mark in each box that applies to indicate all parent's or legal guardian's highest level of education (even those who do not reside with you):

	Mother 1	Mother 2	Father 1	Father 2	Stepmother	Stepfather	Other
High School or less							
Some college, no degree							
Associate Degree							
Certificate							
Bachelor's Degree or higher earned							

VII. PARENT OR LEGAL GUARDIAN EMPLOYMENT INFORMATION*

Please complete all of the following that apply*:

	Mother 1	Mother 2	Father 1	Father 2	Stepmother	Stepfather	Other – Please list
Occupation*							
Employer*							
Years/Dates Employed							
Dates of Unemployment/ Retirement							
Most recent type of Employment/ Occupation if Retired or Unemployed							

* If **unemployed, retired, widowed, or deceased** please provide their occupation while they were working. If never had a job, indicate status (housewife, never employed, etc.)

VIII. 2016 MONTHLY HOUSEHOLD INCOME AND EXPENSES

Income:

Income from Work	2016 Monthly	\$ _____
Social Security (including Disability benefits)	2016 Monthly	\$ _____
Welfare Benefits/SNAP	2016 Monthly	\$ _____
Section 8 Housing/Other Housing Assistance	2016 Monthly	\$ _____
Temporary Assistance for Needy Families	2016 Monthly	\$ _____
Workmen Compensation	2016 Monthly	\$ _____
Unemployment Compensation	2016 Monthly	\$ _____
Retirement Income	2016 Monthly	\$ _____
Child Support Received	2016 Monthly	\$ _____
Alimony Received	2016 Monthly	\$ _____
Other Monthly Income (list source) _____	2016 Monthly	\$ _____

Total Monthly Income \$ _____

Expenses:

Mortgage Payment/Rent	2016 Monthly	\$ _____
Utilities	2016 Monthly	\$ _____
Approximate Cost for Food	2016 Monthly	\$ _____
Car Payment	2016 Monthly	\$ _____
Approx. Cost for Transportation (Gas, Maintenance, etc.)	2016 Monthly	\$ _____
Cellular Phone Payment	2016 Monthly	\$ _____
Insurance (car, health, home, etc.)	2016 Monthly	\$ _____
Approx. Clothing & Personal	2016 Monthly	\$ _____
Child Support Paid	2016 Monthly	\$ _____
Alimony Paid	2016 Monthly	\$ _____
Medical Expenses	2016 Monthly	\$ _____
Other Expenses _____	2016 Monthly	\$ _____

Total Monthly Expenses \$ _____

If your monthly expenses exceed your monthly income, please, indicate how you are meeting these obligations:

IX. PARENTAL OR LEGAL GUARDIAN ASSET INFORMATION

Please complete each item. If an item does not apply, indicate zero or N/A.

Stocks/Bonds/Certificates of Deposit/Other Financial Instruments	
Annual interest/dividend earnings (If sold during 2015 or 2016, submit IRS Form 8949 if filed)	\$ _____
Trust Funds	
Annual interest/dividend earnings	\$ _____
Real Estate (i.e. rental property, vacation home) – Do not include information on parents' primary place of residence.	Value: \$ _____
<input type="checkbox"/> (Y)es <input type="checkbox"/> (N)o	Debt: \$ _____
Own a Business? <input type="checkbox"/> (Y)es <input type="checkbox"/> (N)o (If yes, submit 2016 Schedule D)	Value: \$ _____
Type of Business: _____	Debt: \$ _____
2015 Business Income from IRS 1040 (Schedule D) \$ _____	
Own a Farm/Land: <input type="checkbox"/> (Y)es <input type="checkbox"/> (N)o	Value: \$ _____
2015 Farm Income from IRS 1040 \$ _____	Debt: \$ _____

X. ADDITIONAL INFORMATION STATEMENT

If there are any special circumstances you feel more accurately describe your family’s situation, please attach a separate sheet.

XI. CERTIFICATION

I certify that all data in this application are true and correct to the best of my knowledge.

Student’s Signature

Date

Responsible Parent’s or Legal Guardian’s Signature

Date