

**MACMURRAY FOUNDATION & ALUMNI ASSOCIATION  
FINANCIAL APPLICATION**

To be completely filled out only by students who are applying for scholarships stating financial need in their eligibility criteria.

Name of Student:

\_\_\_\_\_

Address:

\_\_\_\_\_

(City, State, Zip)

Phone Number: \_\_\_\_\_(cell); \_\_\_\_\_(landline)

Email address(es):

\_\_\_\_\_

**FAMILY RESIDENCE INFORMATION:** Indicate the people living in your home other than yourself by placing a mark in the space provided:

Father \_\_\_ Mother \_\_\_ Stepfather \_\_\_ Stepmother \_\_\_

Older Brother(s) \_\_\_ How Many? \_\_\_ Older Sister(s) \_\_\_ How Many? \_\_\_

Younger Brother(s) \_\_\_ How Many? \_\_\_ Younger Sister(s) \_\_\_ How Many? \_\_\_

Other(s) \_\_\_ How Many? \_\_\_

State Names and Relationships of any others:

\_\_\_\_\_

\_\_\_\_\_

**FAMILY HOUSEHOLD FINANCIAL INFORMATION:**

**Name of Household Member:** \_\_\_\_\_

**Relationship to You:** \_\_\_\_\_

**Occupation:** \_\_\_\_\_

**Gross Annual Income for previous year:** \$ \_\_\_\_\_

**Name of Household Member:** \_\_\_\_\_

Relationship to you: \_\_\_\_\_

Occupation: \_\_\_\_\_

Gross Annual Income for previous year: \$ \_\_\_\_\_

**Other Household member(s):** State name, relationship, occupation and gross annual income for each [Attach more pages if needed]:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Family Checking/Savings:** \$ \_\_\_\_\_

**Other Family Income Sources** (identify type and amount, i.e., non-resident parent, etc.) \_\_\_\_\_

Gross Annual Income of other family income sources for previous year:  
\$ \_\_\_\_\_

**Other Scholarship or Resource information:** Please provide other pertinent and specific financial information, including: college funds such as College Savings Accounts (including 529, UTMA, UGMA, or Educational IRA's), other scholarships awarded (e.g., Jacksonville Promise, Regent, Presidential, other), family savings and other financial aid. List all outside grants, scholarships, loans, and other resources that you expect to receive in 2023-2024. (Attach an additional sheet if necessary.) Include any tuition benefits from your parents' employers, fellowships, awards from corporations, agencies, organizations, etc.)

Name of Scholarship or Resource	Source (Sponsor)	Amount for 2023-2024	Renewable? Yes or No	Person to Whom Check will be payable
		\$		
		\$		
		\$		
		\$		
		\$		
		\$		

		\$		
		\$		
Total Amount Expected for 2023-2024		\$		

Standard monthly family expenses \$: \_\_\_\_\_

**Extenuating Circumstances:** In the space below please indicate any extenuating financial circumstances of which the Scholarship Committee should be aware in considering your application, e.g., health or employment concerns, other family members attending college, etc.:

**SIGNATURES AND CERTIFICATIONS:**

I CERTIFY THAT THE INFORMATION CONTAINED IN THIS APPLICATION ARE TRUE AND CORRECT.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

By typing your name above, you are signing this application electronically. You agree that your electronic signature is the legal equivalent of your manual signature on this application.

I CERTIFY THAT THE INFORMATION CONTAINED IN THIS APPLICATION ARE TRUE AND CORRECT.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(Include if the Student is a dependent)

By typing your name above, you are signing this application electronically. You agree that your electronic signature is the legal equivalent of your manual signature on this application.

**Privacy Statement:**

The information provided by the applicant and family is private, will be shared only with the applicant and family, and with the scholarship applicant reviewers for purposes of determining eligibility for a scholarship and making recommendations for scholarship awards. No information will be made public, except as may be required by law. If you are awarded a scholarship, this information will be provided to your requested institution and the Foundation will publicize the award, but will not include financial information provided in this document. A student who receives an award may submit a request in writing to limit in whole or part the information that may be publicized by the Foundation.