

MURRAY XII TRUST APPLICATION
SELF-SUPPORTING**

PLEASE READ BEFORE COMPLETING APPLICATION.
DEADLINE FOR APPLICATION IS *MARCH 16, 2018*
AWARDS ARE FOR FALL 2018 **ONLY.**

CHECKLIST BEFORE TURNING IN APPLICATION:

- 1. COMPLETED APPLICATION
- 2. FINANCIAL RESOURCE INFORMATION **OR** FAFSA APPLICATION
- 3. MOST RECENT TRANSCRIPT
 - a. NOTE: Transcript **MUST** have your name on the Transcript
- 4. AFFIDAVIT OF NON-SUPPORT/STATEMENT OF TAX PREPARER

YOU ARE RESPONSIBLE FOR NOTIFYING THE TRUST IF YOUR COLLEGE LISTED ON THE APPLICATION CHANGES.

APPLICATIONS RECEIVED AFTER THE DUE DATE OR WITHOUT THE REQUIREMENTS MENTIONED ABOVE WILL BE THROWN OUT.

** Fill out this application only if you are not claimed by your parents as a dependent.

BASIC INFORMATION

Name:	Phone:
Mailing Address:	Social Security No.:
	Birth Date:
	Marital Status:

Parent's Names:
How many people live in your house? (including you):
Number of other members of family attending post-high school institutions:

College or School now Attending:
College or School to Attend:
Address:

Educational Level (Next Academic Year):	
Intended Major:	
Full Time <input type="checkbox"/> Part Time <input type="checkbox"/>	Credit hours/ per semester:

Student Expenses

Tuition & Required Fees	\$
Books, Equipment & Other Materials	\$
Room & Board	\$
Clothing	\$
Other Expenses not included in above (lunches, commuting expenses, etc.)	\$
Total Expense:	\$

** Please provide a brief explanation concerning any other resources, including grants, scholarship receiving, other benefits and income sources and other significant factors concerning expenses and resources: _____

FINANCIAL INFORMATION

**This “Student Resources” section does not need to be filled out if you attach your FAFSA Application Form. If you do not attach your FAFSA Application Form, this “Student Resources” information needs to be filled out.

Student Resources

Personal Savings:	\$
Vacation & Part time Earnings:	\$
Scholarship & Grants:	\$
Any other resources (gifts, social security benefits, etc.):	\$
Aid from Parents or Guardian:	\$
Total Resources:	\$

If given a financial grant, I hereby agree and certify:

1. I am a graduate of Central Lyon High School, or I will be graduating from Central Lyon High School in 2018.
2. I am in need of aid to begin or continue my college or vocational work.
3. I am not related within the 3rd degree of affinity or consanguinity to Maurice R. Murray, Janelle Klassen, Jessica Harman or Jennifer Wippert.
4. I will execute all necessary consents to enable the Murray XII Trust to secure information regarding my school progress, grades and courses of study as well as any failure or delinquency on my part to pay tuition, fees, board, room or any other obligation to the school.
5. I will use the proceeds of the grant solely for the payment of tuition, verified fees, books, educational materials, board and room. I consent that, at the option of the Trustees, the grant may be directly paid to the school I attend for credit against tuition and other costs. I further understand that this grant will not apply to summer school educational expenses.
6. I will not divert any part of the grants funds to any use not herein contemplated and understand that should I do so, my grant will be immediately suspended; no application for a future grant will be entertained and I will be required to repay all diverted funds to the Murray XII Trust.
7. I hereby acknowledge that the information submitted herewith is true, complete and correct and I fully understand the conditions and obligations attending this grant.
8. I hereby authorize the college I am attending to release to the Trustees any information relating to my education, including grades, progress towards completion of course of study, matters bearing on citizenship and conduct, any delinquencies concerning payment of tuition, fees, etc., or any other information regarding my school performance. This information may be voluntarily communicated to the Trustees at their request.

I DO HEREBY ACKNOWLEDGE THAT I UNDERSTAND THAT ALL PARTS OF THIS APPLICATION MUST BE COMPLETED IN FULL AND THE LAST TRANSCRIPT OF GRADES MUST BE ATTACHED HERETO FOR THIS APPLICATION TO BE CONSIDERED COMPLETE. I UNDERSTAND THAT AN INCOMPLETE APPLICATION WILL DISQUALIFY ME FROM CONSIDERATION OF ANY GRANT

Date: _____

Signature of Applicant

Telephone #: _____

AFFIDAVIT NON-SUPPORT

THIS AFFIDAVIT SHOULD BE FILLED OUT BY THE PARENT OR GUARDIAN OF APPLICANT IF APPLICANT IS SELF-SUPPORTING AND IS NOT CLAIMED BY PARENT ON INCOME TAX RETURNS.

State of _____, COUNTY OF _____, ss:

The undersigned being first duly sworn and under the penalties of perjury, do on oath depose and say: That the undersigned is the parent or guardian of _____; that the undersigned is not supporting said student during the calendar year 20_____ and has not claimed him/her as a dependent for federal income tax purposes for the year 20_____ and that said student is self-supporting; that should the undersigned begin to support and/or claim the student as a dependent for federal income tax purposes hereafter, the undersigned will promptly notify the Trustees of the Murray XII Trust, P. O. Box 549, Rock Rapids, IA 51246.

Date: _____
Parent or Guardian Signature

Subscribed and sworn to before me this _____ day of _____, 20_____.

NOTARY PUBLIC

STATEMENT OF TAX PREPARER

STATE OF _____, COUNTY OF _____, ss:

The undersigned, being duly sworn does on oath depose and state that I am the tax preparer for _____(Name of Parents) and that _____(Name of Student) is not being claimed as a dependent for federal income tax purposes for the calendar year 20_____.

Dated: _____
Signature of Tax Preparer

Subscribed and sworn to before me this _____ day of _____
20_____.

NOTARY PUBLIC
