

2017-2018 Application Information Form

Send Completed Forms to:
The BISON Scholarship Fund
P. O. Box 1134
Buffalo, NY 14205



BISON
 CHILDREN'S SCHOLARSHIP FUND


Deadline April 30, 2017

Awards will be made on a first-come first-served basis until all funds are exhausted.

***** This form does not guarantee a scholarship.**

PARENT/GUARDIAN INFORMATION					
First Name		Middle Initial	Last Name		First Language: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other
Mailing Address					Apartment Number:
City	State	Zip	E-mail Address (<i>required</i>):		
Home Phone		Work Phone		Cell Phone	Alternate Phone
Marital Status (check one): <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Legally Separated				Employment Status (check one): <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Not Employed	
Relationship to child/ren (check one): <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Stepparent <input type="checkbox"/> Grandparent <input type="checkbox"/> Fosterparent <input type="checkbox"/> Guardian					

STUDENT INFORMATION				
Please provide the following information ONLY for the children for whom you are applying:				
	Child 1	Child 2	Child 3	Child 4
Child's Full Name				
Child's Date of Birth				
Gender: Boy or Girl				
Race (optional, check one):	<input type="checkbox"/> White <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Asian <input type="checkbox"/> Other <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Native Hawaiian or Other Pacific Islander	<input type="checkbox"/> White <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Asian <input type="checkbox"/> Other <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Native Hawaiian or Other Pacific Islander	<input type="checkbox"/> White <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Asian <input type="checkbox"/> Other <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Native Hawaiian or Other Pacific Islander	<input type="checkbox"/> White <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Asian <input type="checkbox"/> Other <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Native Hawaiian or Other Pacific Islander
Child's School in 2016-2017				
Child's Grade Level 2017-2018				

VERIFICATION	
<p><i>I certify that all the information provided on this form is true and complete to the best of my knowledge. I promise to pay my child's school account in a timely manner, ensure at least 90% attendance of my child/ren, and comply with the standards of my child/ren's chosen school. I understand that failure to comply with the above statements will result in the loss of my family's scholarship. I agree to allow the school to release grades and standardized test scores for use by The BISON Children's Scholarship Fund "BISON" and in order to allow BISON to evaluate this program. I agree to allow my child's picture to be taken and used for promotional and fundraising purposes. Finally, I agree to release BISON from any and all liability in its efforts to provide this scholarship.</i></p>	
 Signature of Applicant	Date

2017-2018 Financial Information Form

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Questions? Email: cmcdonald@bisonfund.com



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PARENT/GUARDIAN INFORMATION		
First Name	Middle Initial	Last Name
Number of people in your household as reported on your 2015 Tax Return or Budget Letter		
Total Number of Adults:	Total Number of Children:	

2016 INCOME SOURCE	YEARLY ANNUAL AMOUNT	For Office Use Only
Adjusted Gross Income reported on 2016 FEDERAL Individual tax return 1040 Taxes . Any child/ren that is not claimed by parent applying must send in income of parent/guardian who claimed child/ren. Please refer to line 37 (1040) or line 21 (1040A) (attach your latest 1040 including all schedules)	\$	
Business Income from Self Employment that is not reported on your 1040. (provide copies of your business tax return, financial statements and/or other support)	\$	
Child Support Income (provide official court ordered or notarized documents)	\$	
Public Assistance Cash (provide a Budget Letter, include letter listing household members)	\$	
Food Stamp Income (provide a Budget Letter, include letter listing household members)	\$	
Social Security UNTAXED Income that is not reported on your FEDERAL 1040 (line 20b) or 1040A (line 14b) (provide official SSA-1099/SSI letters for all family receiving benefits)	\$	
Unemployment or Worker's Compensation (provide official statement or Form 1099-G)	\$	
Other income such as financial assistance from family or friends (provide official or notarized documents)	\$	
TOTAL HOUSEHOLD INCOME	\$	

If you filed taxes in 2016:

Attach a signed copy of your 2016 Federal 1040 tax return including all schedules. Married couples filing separately must attach both forms. **Do not send State tax forms or W2 forms.** For a free copy of your 1040 call the Internal Revenue Service at 1-800-908-9946.

You must also attach complete and accurate documentation of any income NOT reported on your 1040 and official documentation for any household members whose names do not appear on your 1040.

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Signature of Applicant

Date