

Henkels Foundation Tuition Assistance

Family Information (Mother & Father)

M Name _____
O Address _____
M City/State/Zip _____
E-Mail: _____
Phone _____

D Name _____
A Address _____
D City/State/Zip _____
E-Mail _____
Phone _____

Marital Status Married Divorced Single Other: _____

How many children in family _____ How many are in School _____

Names of Children and Grade

Mother's Place of Employment	Father's Place of Employment
_____	_____
_____	_____

Family Receiving Food Stamps Family receiving Medical Assistance

Do you own properties (other than primary residence), businesses, other assets or investments (ie: IRA or 401K)

Is there anything else you feel we need to be aware of in considering this application (Medical or financial issues)

The information I/we have provided is accurate. I will submit my/our W-2 and Federal Tax return with this application.	SIGNED _____
	SIGNED _____
	DATE _____