

APPLICANT'S PERSONAL INFORMATION

Last Name: _____ First Name: _____ Middle _____

Date of Birth ____/____/____

Ethnicity

- Native Hawaiian or Other Pacific Islander Black or African American Hispanic or Latino
- American Indian or Alaskan Native Asian
- Two or more races (all persons who identify with more than one of the above six races)

Permanent/Home Address	Temporary/School Address (if different)
Street _____	Street _____
City _____	City _____
State _____ Zip _____	State _____ Zip _____

Email address _____

Day Telephone (____) _____ Evening Telephone (____) _____

FINANCIAL INFORMATION

Are you receiving other financial aid or support for the upcoming academic year? Yes No

Have you applied for the OHFM in previous years? Yes No

Have you applied for other Scholarships? Yes No

If no, why not? _____

A. INDEPENDENT STUDENT

-OR-

B. DEPENDENT STUDENT

Did you personally file income taxes for the previous tax year? Yes No

If yes, number of dependents you claimed?

Did your parent or guardian file income taxes for the previous tax year? Yes No

Did your parent or guardian claim you as a dependent? Yes No

Total number of dependents that your parent or guardian claimed?

Are you currently employed? Yes No Full or Part time? _____

Applicant Signature and date

Guardian Signature and date
