

**2018-2019**  
**U.S. Department of Health & Human Services (DHHS)**  
**Scholarship for Disadvantaged Students (SDS)**  
**Supplemental Information Form**

Student's Name \_\_\_\_\_

Social Security Number \_\_\_\_\_

Email address \_\_\_\_\_

- What is your (if Independent) or your parent's/guardian's (if dependent) marital status as of today?

\_\_\_\_\_ Married/Remarried                      \_\_\_\_\_ Single

\_\_\_\_\_ Divorced/Separated                      \_\_\_\_\_ Widowed

Father/Stepfather's Last Name \_\_\_\_\_

Father/Stepfather's SSN \_\_\_\_\_

Mother/Stepmother's Last Name \_\_\_\_\_

Mother/Stepmother's SSN \_\_\_\_\_

- What income tax return did you or parents/guardians file or will they file for the year 2017?

\_\_\_\_\_ IRS 1040        \_\_\_\_\_ a tax return for Puerto Rico, the Virgin Islands or foreign tax return

\_\_\_\_\_ IRS 1040A, 1040EZ, 1040 Telefile                      \_\_\_\_\_ No tax form filed

- What were you or your parent's/guardian's adjusted gross income for 2017? \$ \_\_\_\_\_

- How much did you or your parent(s)/guardians earn from working in 2017? \$ \_\_\_\_\_

- Number of people in the household.

Total number of people in your household? \_\_\_\_\_

**-- Please Continue to Page 2 --**

- Did you or your parent(s)/guardians or any members listed in Question 6 receive any of the following forms of untaxed income? Yes? If so, please indicate amount received for the **entire** 2017 year (January 1, 2017 through December 31, 2017)

**Amount received per month X # months received = Total amount to be reported below**

	<u>Total 2017 Year Amount</u>		<u>Source of Information--Your Own Records OR:</u>
	<b>Student</b>	<b>Parent</b>	
Child Support <b>Received</b> within household Calendar year 2017	\$ _____	\$ _____	MA Department of Revenue for all children Child Support Enforcement for 1-800-332-2733
Social Security Benefits year 2017	\$ _____	\$ _____	2017 1099 Social Security/ SSDI for calendar Benefits Summary form 1-800-772-1213
Welfare (including TAFDC/ TANF) for calendar year 2017	\$ _____	\$ _____	2017 Welfare Summary Transitional Assistance Office 1-800-632-8095
Veterans noneducation benefits (Disability, Death Pension, DIC) for calendar year 2017	\$ _____	\$ _____	Department of Veterans Services 1-800-827-1000
Worker's Compensation for calendar year 2017	\$ _____	\$ _____	Appropriate Supporting Documentation
Child Support <b>Paid</b> support for children in your own household) for calendar year 2017	\$ _____	\$ _____	MA Department of Revenue (don't include Child Support Enforcement 1-800-332-2733)

Other untaxed income/benefits not listed above for calendar year 2017. Please describe.

_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____

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The following are questions regarding information we are required to collect and report to the U. S. Department of Health & Human Services which is the agency which provides the funding for these scholarships:

**Ethnicity/Race (Hispanic or Latino Students Only)** \_\_\_\_\_

\_\_\_\_ American Indian or Alaska Native      \_\_\_\_ Asian      \_\_\_\_ Black or African American      \_\_\_\_ White  
\_\_\_\_ Native Hawaiian or Other Pacific Islander      \_\_\_\_ More than one Race (If this is chosen, please check the races from the list)

**Ethnicity/Race (Non-Hispanic or Non-Latino Students Only)** \_\_\_\_\_

\_\_\_\_ American Indian or Alaska Native      \_\_\_\_ Asian      \_\_\_\_ Black or African American      \_\_\_\_ White  
\_\_\_\_ Native Hawaiian or Other Pacific Islander      \_\_\_\_ More than one Race (If this is chosen, please check The races from the list)

**Ethnicity/Race (Non-Resident Alien)** \_\_\_\_\_

\_\_\_\_ Asian      \_\_\_\_ Black or African American      \_\_\_\_ White  
\_\_\_\_ Hispanic/Latino      \_\_\_\_ Pacific Islander      \_\_\_\_ More than one Race (if this is chosen, Please check the races from the list)

**Residential Background**

\_\_\_\_ Rural      \_\_\_\_ Urban

**Do you intend to practice nursing in any of the following areas after graduation?**

\_\_\_\_ Medically Underserved (Most of greater Boston)      \_\_\_\_ Rural

PLEASE NOTE: You will receive a post-graduation survey requesting employment information within the first year following your graduation from BHCC. Your prompt reply to this inquiry is greatly appreciated.

**Sign this Worksheet**



By signing this worksheet, I (we) certify that all information reported on it is complete and correct. At least one parent must sign.

\_\_\_\_\_  
Student      Date

\_\_\_\_\_  
Parent/Guardian      Date