

FINANCIAL AFFIDAVIT OF FAMILY OF APPLICANT RESIDING IN SAME HOUSEHOLD

FAMILY INCOME: (Average on a monthly basis)

Workers' Compensation Payment \$ _____
Disability Insurance \$ _____
Other Insurance Payments \$ _____
Employment or other income per month of head of household \$ _____
Name, address, and phone number of employer _____

Applicant's income \$ _____

Income and names of other family members living at home:

_____ \$ _____
_____ \$ _____

Financial assistance from any state or federal agency, such as welfare \$ _____

Child support payments received on behalf of other children residing in same household with applicant \$ _____

Total Monthly Income \$ _____

EXPENSES OF FAMILY: (Average on a monthly basis)

Rent, house payment \$ _____

Food \$ _____

Clothing \$ _____

Incidentals \$ _____

Medical & dental bills (not covered by workers' compensation) \$ _____

Car payments \$ _____

Maintenance for cars, including gas and oil \$ _____

Recreation \$ _____

Health Insurance payments \$ _____

Insurance for cars and house \$ _____

Taxes - property \$ _____

Electricity \$ _____

Gas (for heating)	\$ _____
Telephone	\$ _____
Water	\$ _____
Child support payments made to children not residing in applicant's household	\$ _____
Payments on other bills	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
Total Monthly Expenses	\$ _____

TOTAL ASSETS OF FAMILY:

Cash on hand or in banks	\$ _____
Stocks, bonds, notes	\$ _____
Mutual Funds	\$ _____
Real Estate	
Home	\$ _____
Other	\$ _____
Automobiles	\$ _____
Other Personal Property _____	\$ _____
Itemized other assets	
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

TOTAL LIABILITIES OF FAMILY:

Credit Union	\$ _____
Real Estate Mortgage	\$ _____
Automobile loans	\$ _____

Other notes or loans

\$ _____

Other bills

\$ _____

I certify that the above information is true and correct to the best of my knowledge and belief.

Signature **Date**

Please list the names of all persons who assisted the applicant in the preparation of this document.

I hereby apply for a scholarship from Texas Mutual Insurance Company. I hereby consent for Texas Mutual Insurance Company to verify the contents of this application. I agree to allow the school to send a copy of each quarter's (or semester's) grades to Texas Mutual Insurance Company. I fully understand that compliance in this matter is necessary for funds to be paid on a regular basis. I understand and agree that this scholarship program and all awards made under the program are totally discretionary and that the program and awards may be altered or discontinued at any time without notice.

I hereby consent for Texas Mutual Insurance Company, its agents, employees, or designees to contact and verify any information contained in this application with any individual, government, educational institution, or other entity.

I consent to Texas Mutual Insurance Company publishing my name, my city of residence, the scholarship award, and the school I will attend if I am awarded a scholarship.

Signature **Date**

The following documents must be included with your renewal application:

1. Latest transcript of grades.
2. Fee bill for the semester for which you are applying.
3. Financial aid print-out from college or technical school (if applicable)

Please return your completed application and all required documentation to:

**Texas Mutual Insurance Company
Office of the President
6210 East Highway 290
Austin, TX 78723-1098**

With a few exceptions, an individual may upon request be informed about the information that Texas Mutual Insurance Company collects about them, receive and review that information, and correct incorrect information. To learn more about the information that Texas Mutual Insurance Company may collect, please call (800) 859-5995 and select the option to speak with an information specialist.