

**School Year 2019-2020  
Set Decorators Society of America  
Community Outreach Committee**

I am a member in good standing with the Set Decorators Society of America International and/or IATSE Local 44

I am the \_\_\_\_\_ of \_\_\_\_\_  
Son/Daughter/Grandson/Granddaughter/Ward/Spouse/ Domestic Partner / Local 44 Member  
Name:

or

I am \_\_\_\_\_ an SDSA International and/or IATSE Local 44 member in good standing.  
Name:

**ONLY COMPLETED APPLICATIONS WITH COMPLETE  
FINANCIAL INFORMATION WILL BE CONSIDERED**

**IDENTIFICATION**

*Please type or print in ink*

Date: \_\_\_\_\_

Name: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
Number & Street City, State Zip Code

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Marital Status: \_\_\_\_\_ Number of Dependents (include self): \_\_\_\_\_

**EDUCATION:**

Circle last year completed:

High School: 10 11 12 College: 1 2 3 4 Post-Graduate: 1 2 3 4

High School: \_\_\_\_\_ Graduation Date: \_\_\_\_\_ GPA: \_\_\_\_\_ SAT/ACT: \_\_\_\_\_  
\_\_\_\_\_

College: \_\_\_\_\_ Dates: \_\_\_\_\_ GPA: \_\_\_\_\_ Major/Degree: \_\_\_\_\_  
\_\_\_\_\_

Post-Graduate: \_\_\_\_\_ Dates: \_\_\_\_\_ GPA: \_\_\_\_\_ Major/Degree \_\_\_\_\_  
\_\_\_\_\_

Financial Aid Received:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

During the 2017-2018 academic year, I will be a:

\_\_\_\_\_ Freshman \_\_\_\_\_ Sophomore \_\_\_\_\_ Junior \_\_\_\_\_ Senior \_\_\_\_\_ Post-Graduate

**OTHER SCHOLARSHIP OR GRANTS:**

Other Scholarship or Grants I have received or will receive for this academic year:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Other Scholarships or Grants I have applied for the 2017-2018 academic year:  
(Please list source and amount)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**EMPLOYMENT INFORMATION:**

(Please check one and provide the following information)

I am supported financially by:

- 1. Self \_\_\_\_\_
- 2. Parent/Guardian \_\_\_\_\_
- 3. Spouse/Domestic Partner \_\_\_\_\_

***If you check 1, attach a signed copy of your 1040 form (or a statement explaining why one was not filed), including W-2 forms.***

***If you check 2 or 3, attach a signed copy of that person's 1040 form (or a statement why one was not filed), including W-2 forms.***

**Parent/Guardian's Employer:** \_\_\_\_\_

Business phone: \_\_\_\_\_

Business address: \_\_\_\_\_  
Street City State Zip code

Job Title: \_\_\_\_\_ Gross Monthly Income Salary \$: \_\_\_\_\_

Dates Employed: from \_\_\_\_\_ to \_\_\_\_\_

**Student's Employer:** \_\_\_\_\_

Business phone: \_\_\_\_\_

Business Address: \_\_\_\_\_  
Street City State Zip code

Job Title: \_\_\_\_\_ Gross Monthly Income Salary \$: \_\_\_\_\_

Dates Employed: from \_\_\_\_\_ to \_\_\_\_\_

**Spouse/Domestic Partner's/Employer:** \_\_\_\_\_

Business phone: \_\_\_\_\_

Business Address: \_\_\_\_\_  
Street City State Zip code

Job Title: \_\_\_\_\_ Gross Monthly Income Salary \$: \_\_\_\_\_

Dates Employed: from \_\_\_\_\_ to \_\_\_\_\_

**CONFIDENTIAL FINANCIAL STATEMENT – MEMBER and APPLICANT:**  
*(Only completed confidential financial statements will be considered for a scholarship)*

	<b>Member</b>	<b>Applicant</b>
<b><u>ANNUAL INCOME:</u></b>		
<b>Wages, Salaries, etc. (line 34 of 1040)</b>	_____	_____
<b>Member’s wages, salaries, etc (if filing separately)</b>	_____	_____
<b>Contributions from other sources:</b>	_____	_____
<b>(Brief description of sources if applicable):</b>	_____	
<b>Social Security Benefits:</b>	_____	_____
<b>Veterans Benefits:</b>	_____	_____
<b>Other income (not listed above):</b>	_____	_____
<b>TOTAL</b>	_____	_____
<b><u>EXPENSES:</u></b>		
<b>Rent or Mortgage Payments:</b>	_____	_____
<b>Utilities:</b>	_____	_____
<b>Insurance:</b>		
<b>Home/Apartment</b>	_____	_____
<b>Auto</b>	_____	_____
<b>Other (i.e. Life, Theft)</b>	_____	_____
<b>Transportation (car payment, gas, repairs):</b>	_____	_____
<b>Medical/Dental:</b>	_____	_____
<b>Child Care:</b>	_____	_____
<b>Other (expenses not listed above including other student loans and tuitions):</b>	_____	_____
<b>Specify:</b> _____	_____	_____
<b>(List on a separate page if necessary)</b>		

**ASSETS AND INDEBTEDNESS:**

(Please enter amounts as of the first of the month or the word "None")

**ASSETS:**

Cash \_\_\_\_\_

Savings Accounts \_\_\_\_\_

Checking Accounts \_\_\_\_\_

**Investments:**

Stocks, bonds, IRAs, 401Ks ,CDs \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Money markets, and other; list separately:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**INDEBTEDNESS:**

**Other Outstanding Debts**

(not previously listed as in loans, tuitions, etc):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If you wish to explain an exceptional or particular financial entry, condition or circumstance, please attach an additional sheet.

***This form must be postmarked by  
Monday, APRIL 15th 2019***

**NO FAX OR LATE APPLICATIONS ACCEPTED**

I, \_\_\_\_\_, hereby give permission to members of the SET DECORATORS SOCIETY OF AMERICA to access my academic and financial records for the sole purpose of determining my eligibility for scholarship. I understand that this waiver of my Family Right and Privacy Act rights to confidentiality (the Buckley Amendment) applies to enrollment and transcript information, including my grade point average, as well as financial aid information. I also understand that this waiver will remain in effect as long as I remain enrolled or until such time as I revoke this waiver by informing the Scholarship Committee, whichever is sooner. I understand if I revoke the waiver, the Scholarship Committee may terminate or otherwise limit my eligibility for scholarship benefits.

I also certify that the foregoing information is correct and true to the best of my knowledge.

Student's signature: \_\_\_\_\_ Date \_\_\_\_\_

Parent /Legal Guardian's signature: \_\_\_\_\_ Date \_\_\_\_\_  
(if student is under 18)