

2011 Abbott Scholarship Program Application

Name _____
 Address _____ Apt. # _____
 City _____ St. _____ Zip _____
 Home Phone _____ Cellular Phone _____
 Work Phone _____ Employer _____
 Email Address _____



Do you have a child participating in the Team Mates Mentoring Program? Yes _____ No _____

Family Information: (List all dependent children and up to 2 adults living in the household)

1. _____ D.O.B. _____ M/F _____	6. _____ D.O.B. _____ M/F _____
2. _____ D.O.B. _____ M/F _____	7. _____ D.O.B. _____ M/F _____
3. _____ D.O.B. _____ M/F _____	8. _____ D.O.B. _____ M/F _____
4. _____ D.O.B. _____ M/F _____	9. _____ D.O.B. _____ M/F _____
5. _____ D.O.B. _____ M/F _____	10. _____ D.O.B. _____ M/F _____

Total Family Members Listed Above _____

2009 Household Income: (Gross annual income for the household)
 (Use 2009 Form 1040 or 1040A as Guide)

Family

1. _____	-Salary/Wages
2. _____	-Interest/Dividends
3. _____	-Alimony
4. _____	-SE Income
5. _____	-Capital Gain Income
6. _____	-IRA's/Pensions/Annuities
7. _____	-Rental/Farm Income
8. _____	-Unemployment comp
9. _____	-Social Security Benefits
10. _____	-Other Income
11. (_____)	-Deductions From Gross Income
12. _____	-Federal Adjusted Gross Income
13. _____	-Child Support
14. _____	-Other Nontaxable Income
15. _____	-Total Household Income

Please submit the mandatory financial documents, listed below, for each adult in your household.

- * Federal Income Tax return, form 1040 or 1040A pages 1 and 2
- * Food Stamps
- * ADC
- * Housing Assistance

16. Household Income per Family Member _____
 (Line 15 divided by total Family Members)

All information contained in this application is strictly confidential. Applications will be reviewed using total family/household income. All applications will be reviewed within 12 business days and responses will be mailed notifying you if you have qualified or for more financial information. The Lincoln Sports Foundation, Inc. reserves the right to verify all information contained in the application. **Applicants must be Abbott members prior to being approved for a scholarship. Please contact Claudia at 402-464-2255 for information on membership options.**

I certify that all of the above information is true, accurate and complete to the best of my knowledge.

Printed Name of Applicant _____

Signature of Applicant _____ Date _____

Please submit application and all pertinent information to:
Lincoln Sports Foundation, Inc.
7600 North 70th Street
Lincoln, NE 68517

Office Use Only
 Scholarship Percentage: _____
 Date: _____
 Approved By: _____