2019-2020
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 2018?
  _____ 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 2018? $________

• How much did you or your parent(s)/guardians earn from working in 2018? $________

• 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** 2018 year (January 1, 2018 through December 31, 2018)

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

<table>
<thead>
<tr>
<th>Total 2018 Year Amount</th>
<th>Source of Information--Your Own Records OR:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Student</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Parent</strong></td>
<td></td>
</tr>
<tr>
<td>Child Support <strong>Received</strong> within household Calendar year 2018</td>
<td>$_________ $_________ MA Department of Revenue for all children Child Support Enforcement for 1-800-332-2733</td>
</tr>
<tr>
<td>Welfare (including TAFDC/ TANF) for calendar year 2018</td>
<td>$_________ $_________ 2018- Welfare Summary Transitional Assistance Office 1-800-632-8095</td>
</tr>
<tr>
<td>Veterans noneducation benefits (Disability, Death Pension, DIC) for calendar year 2018</td>
<td>$_________ $_________ Department of Veterans Services 1-800-827-1000</td>
</tr>
<tr>
<td>Worker’s Compensation for calendar year 2018</td>
<td>$_________ $_________ Appropriate Supporting Documentation</td>
</tr>
<tr>
<td>Child Support <strong>Paid</strong> support for children in your own household) for calendar year 2018</td>
<td>$_________ $_________ MA Department of Revenue (don’t include Child Support Enforcement 1-800-332-2733</td>
</tr>
</tbody>
</table>

Other untaxed income/benefits not listed above for calendar year 2018. Please describe.

$_________ $_________ $_________ $_________ $_________ $_________ $_________ $_________ $_________ $_________ $_________ $_________ $_________

--- Please Continue to Page 3 ---
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    _____ Rural
(Most of greater Boston)

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