

**APPLICATION FOR
AAIB BOXERS ASSISTANCE CORPORATION**

Name _____
FIRST MIDDLE LAST

Address _____
STREET CITY ZIP TEL. NO.

Date of Birth _____ Place of Birth _____
MONTH DAY YEAR

FAMILY INFORMATION:

Parents: _____ Address _____

Full Name _____

Job Position/Where Employed _____

Full Name: _____ Address _____

Job Position/Where Employed _____

SCHOLASTIC INFORMATION:

High School _____ Class Rank _____ (Expected) Graduation Date _____

SAT Scores: Math _____ Verbal _____ Writing _____ Total _____

ATTENDING OR ACCEPTED AT COLLEGE:

1.
2.
3.
4.

Proposed Course of Study (Major) _____

Ultimate Occupation/Professional Objective _____

FINANCIAL INFORMATION:

Estimated Cost of Attending College, per year:

Tuition _____ **Room/Board** _____ **Misc.** _____ **Total** _____

How do you propose to meet this cost? _____

Grants/Loans/Aid Packages Offered by Colleges/Scholarship Prizes Awarded/Applied For

EXTRA CURRICULAR ACTIVITIES (Scholastic, Athletic, Honors, Offices Held, Etc.):

PART TIME EMPLOYMENT HISTORY:

BOXING HISTORY:

PARENTS' FINANCIAL ANALYSIS STATEMENT

Income before taxes (list both parents separately) _____

Number of Dependents (excluding parents) _____

Number of Dependents now in college _____

Fair market value of home _____

Amount of unpaid mortgage _____

Do you own a business? Yes _____ No _____

If so, describe the type of business and its fair market value _____

Value of bank accounts _____

Value of other investments (real estate [other than home]; stocks; bonds; IRA, etc.) _____

Value of any accounts or investments in student's name _____

Any unusual circumstances?

Please explain: _____

TO COMPLETE THE APPLICATION, ATTACH TO THIS APPLICATION AS AN EXHIBIT A COPY OF YOUR HIGH SCHOOL TRANSCRIPT

TO COMPLETE THE APPLICATION, ATTACH TO THIS APPLICATION AS AN EXHIBIT A COPY OF YOUR PARENTS' FEDERAL INCOME TAX RETURN (FORM 1040 OR 1040EZ – SEPARATE OR JOINT RETURNS)

AAIB BOXERS ASSISTANCE CORPORATION

AUTHORIZATION AND RELEASE INFORMATION

TO WHOM IT MAY CONCERN:

I, _____, having filed an application to the AAIB Boxers Assistance Corporation, to be considered by the Committee for a scholarship award, hereby authorize every school official and any other person, firm, officer, corporation or organization having control of my academic and/or financial records to permit said Committee to inspect and/or obtain copies of any such records which may be relevant to my application for scholarship assistance. I recognize that the scholarship award may be revoked due to my conduct and/or grades at any time. If I am awarded a scholarship, I consent to the use of my name and image by the AAIB for any purpose.

Date: _____

Signature of Parent/Guardian

Signature of Applicant

APPLICATION SHOULD BE MAILED BY
July 1, 2017 TO:

Henry Hascup
59 Kipp Avenue
Lodi, New Jersey 07644

Or sent by fax to Mr. Hascup at (973) 470-8301 or by e-mail to HHascup@yahoo.com