

DEADLINE FOR APPLICATION IS APRIL 25, 2018

Kiwanis Club of Castle Rock

PO Box 222 Castle Rock, CO 80104 (303)475-6130

PARENT FINANCIAL REPORT

Name of Applicant:	
Name of Father, Stepfather, or male guardian:	
Occupation of above:	
Name of Mother, Stepmother, or female guardian:	
Occupation of above:	
Ages of minors claimed as dependents:	
Please provide the following financial information	
What are the family's total wages before deductions?	
What are the family's total income from other source	s, taxable or not?
If you own a home, what is its market value?	
If the home above has a mortgage(s), how much do	o you owe?:
What is the street address of the above home?	
What is the family's total assets, other than the abov	e home (stocks,
bonds, other property, bank accounts, etc.)	H. L Chr.
Enter the value of any trusts of which the applicant is	тпе репејісіагу
List any special family problems that are relevant to yo	our being able to support the applicant.
I certify that the above information is true and comple	ete.
Signature:	Date: