



SOROPTIMIST®
Investing in Dreams

Financial Information Form

Name _____ Date _____
Last, First MI

Financial Information: Soroptimist of Hamilton award recipients are chosen in part based on financial need. Please share information about your annual income and expenses. Please be as exact as you can.

A. Income: Please list your **ANNUAL** household income and savings (after taxes) below. Include your spouse or partner's income:

Employment	\$ _____	Government Assistance	\$ _____
Savings	\$ _____	Social Security	\$ _____
Child Support	\$ _____	Alimony	\$ _____
Scholarships/Grants	\$ _____		

Please list any additional income:

Source: _____ \$ _____

Source: _____ \$ _____

TOTAL ANNUAL INCOME: _____

B. EXPENSES: Please list your **ANNUAL** household expenses below

Housing	\$ _____	Utilities	\$ _____
Food	\$ _____	Medical	\$ _____
Child Care	\$ _____	Transportation	\$ _____
Tuition	\$ _____	Books	\$ _____
Student Loans	\$ _____	Other Loans	\$ _____
Health Insurance	\$ _____	Alimony	\$ _____

Please list any additional expenses:

Source: _____ \$ _____

Source: _____ \$ _____

TOTAL ANNUAL EXPENSES: _____