



DIVERSITY ENHANCEMENT SCHOLARSHIP
CONFIDENTIAL FINANCIAL INFORMATION FORM
UNIVERSITY OF NEBRASKA-LINCOLN

To be completed by the student's parent or guardian. Must be completed and signed to be considered.

Please provide the following information for the years indicated. This information will remain confidential. Documentation may be required; please respond promptly to any requests for additional information. The signature of the parent/guardian providing the information is required.

2008 _____
Adjusted gross income _____ Number of exemptions claimed _____
Form 1040 - Line 37/Form 1040A - Line 21/ Form 1040 or 1040A - Line 6d / Form 1040EZ
Form 1040EZ - Line 4-6d

2009 _____
Adjusted gross income (please estimate) _____ Number of exemptions you will be claiming _____

_____ Please indicate, from the 2009 tax information above, how many of the persons (not including parents) will be enrolled full-time in college for the upcoming academic year.

Signature of Parent/Guardian _____ Date _____

Parent/Guardian daytime phone _____ Email _____

Student Name _____ NU ID Number _____

MAIL TO:

DIVERSITY FORM
UNL OFFICE OF ADMISSIONS
1410 Q STREET
LINCOLN NE 68588-0417