



Eagles Memorial Foundation

FAMILY TAX INFORMATION FORM

Student Name: _____

Parent/Guardian: _____

Address: _____
(Number and Street) (City) (State) (Zip)

Phone number where you can be contacted:

Home: _____ Cell/work: _____

I certify that my son/daughter is claimed on my taxes as a dependant therefore he/she is not self supporting.

Signature of Parent

Date

Signature of Notary

Date

Notary:

Please review the family's tax statement and verify that the above named student is in fact a dependant on his/her parent's taxes. Once verified please sign and date. Then affix your official seal/stamp on the bottom of this form.