



SUSD Local Scholarship Application

FIRST STEP:

- Click here -- [SUSD Local Scholarship Application](#)
- Once it is filled out, press download with saved changes.
- Save the application and email it to [Ms. Smith](#) or [Ms. Suarez](#)

SECOND STEP:

- Ask for **letters of recommendation;**

Most scholarships require letters of recommendation. They should be from Teachers, Counselors, Coaches, Athletic Director, or Supervisors (paid or volunteer work). Basically, anyone who can vouch for your character who is a non-relative.

- Please allow 2 weeks for the letters to be written, then follow-up.

YOU WILL NEED:

- Local Scholarship Application (Typed & Completed)
- (1) Letter from Outside the Community (Volunteer or Work Supervisor)
- Letters from your Teacher and Counselor (one of each)
- (1) Letter from Coach or Athletic Director (ONLY if you play sports)
- Copy of the 2019 Federal Income Tax Return Form 1040 - Pages 1 & 2 (see next page)
OR a Copy of your family's Annual Income (Forms from Disability, Social Security, etc)

Email COMPLETED typed application and ALL DOCUMENTS
to [Ms. Smith](#) or [Ms. Suarez](#) by: **February 12, 2021**

EXAMPLE OF IRS 1040 PAGE 1 AND 2

Form 1040 Department of the Treasury - Internal Revenue Service (99) **2019** U.S. Individual Income Tax Return OMB No. 1545-0074 IRS Use Only - Do not write or staple in this space.

Filing Status Single Married filing jointly Married filing separately (MFS) Head of household (HOH) Qualifying widow(er) (QW)
 Check only one box. If you checked the MFS box, enter the name of spouse. If you checked the HOH or QW box, enter the child's name if the qualifying person is a child but not your dependent. ▶

Your first name and middle initial _____ Last name _____ Your social security number _____

If joint return, spouse's first name and middle initial _____ Last name _____ Spouse's social security number _____

Home address (number and street). If you have a P.O. box, see instructions. _____ Apt. no. _____
 City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). _____
 Foreign country name _____ Foreign province/state/country _____ Foreign postal code _____

Standard Deduction Someone can claim: You as a dependent Your spouse as a dependent
 Spouse itemizes on a separate return or you were a dual-status alien

Age/Blindness You: Were born before January 2, 1955 Are blind Spouse: Was born before January 2, 1955 Is blind

(1) First name	Last name	(2) Social security number	(3) Relationship to you	(4) <input checked="" type="checkbox"/> Child tax credit	<input type="checkbox"/> Credit for other dependents
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

1	Wages, salaries, tips, etc. Attach Form(s) W-2	1
2a	Tax-exempt interest	2a
3a	Qualified dividends	3a
4a	IRA distributions	4a
c	Pensions and annuities	4c
5a	Social security benefits	5a
6	Capital gain or (loss). Attach Schedule D if required. If not required, check here	6
7a	Other income from Schedule 1, line 9	7a
8a	Adjustments to income from Schedule 1, line 22	8a
9	Standard deduction or itemized deductions (from Schedule A)	9
10	Qualified business income deduction. Attach Form 8995 or Form 8995-A	10
11a	Add lines 9 and 10	11a
b	Taxable income. Subtract line 11a from line 8b. If zero or less, enter -0-	11b

Standard Deduction for —
 • Single or Married filing separately, \$12,000
 • Married filing jointly or Qualifying widow(er), \$24,000
 • Head of household, \$18,000
 • If you checked any box under Standard Deduction, see instructions.

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions. Cat. No. 113208 Form 1040 (2019)

Form 1040 (2019) Page 2

12a Tax (see Inst.) Check if any from Form(s): 1 8814 2 4972 3 12a _____ 12b _____

13a Child tax credit or credit for other dependents 13a _____ 13b _____

14 Subtract line 13b from line 12b. If zero or less, enter -0- 14 _____

15 Other taxes, including self-employment tax, from Schedule 2, line 10 15 _____

16 Add lines 14 and 15. This is your total tax 16 _____

17 Federal income tax withheld from Forms W-2 and 1099 17 _____

18 Other payments and refundable credits:

a	Earned income credit (EIC)	18a
b	Additional child tax credit. Attach Schedule 8812	18b
c	American opportunity credit from Form 8863, line 8	18c
d	Schedule 3, line 14	18d
e	Add lines 18a through 18d. These are your total other payments and refundable credits	18e

19 Add lines 17 and 18e. These are your total payments 19 _____

20 If line 19 is more than line 16, subtract line 16 from line 19. This is the amount you overpaid 20 _____

21a Amount of line 20 you want refunded to you. If Form 8888 is attached, check here 21a _____

21b Routing number _____ **21c** Type: Checking Savings

21d Account number _____

22 Amount of line 20 you want applied to your 2020 estimated tax 22 _____

23 Amount you owe. Subtract line 19 from line 16. For details on how to pay, see instructions 23 _____

24 Estimated tax penalty (see instructions) 24 _____

Third Party Designee
 Do you want to allow another person (other than your paid preparer) to discuss this return with the IRS? See instructions. Yes. Complete below. No

Designee's name	Phone no.	Personal identification number (PIN)

Sign Here
 Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature	Date	Your occupation	If the IRS sent you an Identity Protection PIN, enter it here (see Inst.)
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see Inst.)

Phone no. _____ Email address _____

Paid Preparer Use Only

Preparer's name	Preparer's signature	Date	PTIN	Check if: <input type="checkbox"/> 3rd Party Designee <input type="checkbox"/> Self-employed
Firm's name	Firm's address	Phone no.	Firm's EIN	

Go to www.irs.gov/Form1040 for instructions and the latest information. Form 1040 (2019)