



# 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.