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Form **990-PF**
Department of the Treasury
Internal Revenue Service

Return of Private Foundation
or Section 4947(a)(1) Nonexempt Charitable Trust Treated as a Private Foundation

Note. The foundation may be able to use a copy of this return to satisfy state reporting requirements.

OMB No. 1545-0052
2012
Open to public Inspection

For calendar year 2012 or tax year beginning , and ending

Name of foundation
CLARA ABBOTT FOUNDATION

A Employer identification number
36-6069632

Number and street (or P O box number if mail is not delivered to street address) | Room/suite
1505 WHITE OAK DRIVE

B Telephone number
800-972-3859

City or town, state, and ZIP code
WAUKEGAN, IL 60085

C If exemption application is pending, check here ▶ ☐

G Check all that apply: ☐ Initial return ☐ Initial return of a former public charity ☐ Final return ☐ Amended return ☐ Address change ☐ Name change

D 1. Foreign organizations, check here ▶ ☐

2. Foreign organizations meeting the 85% test, check here and attach computation ▶ ☐

H Check type of organization: ☒ Section 501(c)(3) exempt private foundation ☐ Section 4947(a)(1) nonexempt charitable trust ☐ Other taxable private foundation

E If private foundation status was terminated under section 507(b)(1)(A), check here ▶ ☐

I Fair market value of all assets at end of year (from Part II, col. (c), line 16) ▶$ 220,498,413.

J Accounting method: ☒ Cash ☐ Accrual ☐ Other (specify) (Part I, column (d) must be on cash basis.)

F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here ▶ ☐

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Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a).)	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
1 Contributions, gifts, grants, etc., received	103,560.		N/A	
2 Check ▶ ☐ if the foundation is not required to attach Sch B				
3 Interest on savings and temporary cash investments				
4 Dividends and interest from securities	3,621,468.	4,376,713.		STATEMENT 1
5a Gross rents				
b Net rental income or (loss)				
6a Net gain or (loss) from sale of assets not on line 10	1,931,861.			
b Gross sales price for all assets on line 6a 57,131,082.				
7 Capital gain net income (from Part IV, line 2)		2,266,312.		
8 Net short-term capital gain				
9 Income modifications				
10a Gross sales less returns and allowances				
b Less Cost of goods sold				
c Gross profit or (loss)				
11 Other income	138,550.	405,645.		STATEMENT 2
12 **Total.** Add lines 1 through 11	5,795,439.	7,048,670.		
13 Compensation of officers, directors, trustees, etc	553,608.	55,361.		498,247.
14 Other employee salaries and wages				
15 Pension plans, employee benefits	154,241.	15,424.		138,817.
16a Legal fees				
b Accounting fees STMT 3	41,000.	0.		0.
c Other professional fees STMT 4	237,348.	542,743.		0.
17 Interest				
18 Taxes STMT 5	92,000.	54,116.		0.
19 Depreciation and depletion	19,847.	0.		
20 Occupancy				
21 Travel, conferences, and meetings	13,641.	0.		13,641.
22 Printing and publications				
23 Other expenses STMT 6	2,719,505.	268,103.		2,706,334.
24 **Total operating and administrative expenses.** Add lines 13 through 23	3,831,190.	935,747.		3,357,039.
25 Contributions, gifts, grants paid	3,218,096.			3,218,096.
26 **Total expenses and disbursements.** Add lines 24 and 25	7,049,286.	935,747.		6,575,135.
27 Subtract line 26 from line 12:				
a Excess of revenue over expenses and disbursements	<1,253,847.>			
b **Net investment income** (if negative, enter -0-)		6,112,923.		
c **Adjusted net income** (if negative, enter -0-)			N/A	

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Part II Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only

		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1 Cash - non-interest-bearing			
	2 Savings and temporary cash investments	5,003,989.	1,751,421.	1,751,421.
	3 Accounts receivable ▶			
	Less: allowance for doubtful accounts ▶			
	4 Pledges receivable ▶			
	Less: allowance for doubtful accounts ▶			
	5 Grants receivable			
	6 Receivables due from officers, directors, trustees, and other disqualified persons			
	7 Other notes and loans receivable ▶			
	Less: allowance for doubtful accounts ▶			
	8 Inventories for sale or use			
	9 Prepaid expenses and deferred charges			
	10a Investments - U.S. and state government obligations			
	b Investments - corporate stock STMT 7	159,437,587.	161,470,269.	218,714,613.
	c Investments - corporate bonds			
	11 Investments - land, buildings, and equipment: basis ▶			
	Less accumulated depreciation ▶			
	12 Investments - mortgage loans			
	13 Investments - other			
	14 Land, buildings, and equipment: basis ▶ 576,834.			
	Less accumulated depreciation ▶ 544,455.	67,340.	32,379.	32,379.
	15 Other assets (describe ▶)			
	16 **Total assets** (to be completed by all filers)	164,508,916.	163,254,069.	220,498,413.
Liabilities	17 Accounts payable and accrued expenses			
	18 Grants payable			
	19 Deferred revenue			
	20 Loans from officers, directors, trustees, and other disqualified persons			
	21 Mortgages and other notes payable			
	22 Other liabilities (describe ▶)			
	23 **Total liabilities** (add lines 17 through 22)	0.	0.	
Net Assets or Fund Balances	**Foundations that follow SFAS 117, check here ▶ ☐ and complete lines 24 through 26 and lines 30 and 31.**			
	24 Unrestricted			
	25 Temporarily restricted			
	26 Permanently restricted			
	Foundations that do not follow SFAS 117, check here ▶ ☒ and complete lines 27 through 31.			
	27 Capital stock, trust principal, or current funds	0.	0.	
	28 Paid-in or capital surplus, or land, bldg., and equipment fund	0.	0.	
	29 Retained earnings, accumulated income, endowment, or other funds	164,508,916.	163,254,069.	
	30 **Total net assets or fund balances**	164,508,916.	163,254,069.	
	31 **Total liabilities and net assets/fund balances**	164,508,916.	163,254,069.	

Part III Analysis of Changes in Net Assets or Fund Balances

1	Total net assets or fund balances at beginning of year - Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)	1	164,508,916.
2	Enter amount from Part I, line 27a	2	<1,253,847.>
3	Other increases not included in line 2 (itemize) ▶	3	0.
4	Add lines 1, 2, and 3	4	163,255,069.
5	Decreases not included in line 2 (itemize) ▶ PRIOR PERIOD ADJUSTMENT	5	1,000.
6	Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30	6	163,254,069.

Part IV Capital Gains and Losses for Tax on Investment Income

	(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.)	(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a	COMMONFUND- PUBLICLY TRADED	P	VARIOUS	12/31/12
b	FROM PASSTHROUGH K-1'S	P	VARIOUS	VARIOUS
c				
d				
e				

	(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
a	57,131,082.		55,199,221.	1,931,861.
b	334,451.			334,451.
c				
d				
e				

	Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))
	(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	
a				1,931,861.
b				334,451.
c				
d				
e				

2	Capital gain net income or (net capital loss) { If gain, also enter in Part I, line 7 / If (loss), enter -0- in Part I, line 7 }	2	2,266,312.
3	Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c). If (loss), enter -0- in Part I, line 8	3	N/A

Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income.)

If section 4940(d)(2) applies, leave this part blank.

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? ☐ Yes ☒ No

If "Yes," the foundation does not qualify under section 4940(e). Do not complete this part.

1 Enter the appropriate amount in each column for each year; see the instructions before making any entries.

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col. (b) divided by col. (c))
2011	11,729,351.	200,846,071.	.058400
2010	12,111,771.	197,385,912.	.061361
2009	13,750,238.	182,099,513.	.075509
2008	17,324,485.	221,320,031.	.078278
2007	16,274,948.	258,926,661.	.062855

2	Total of line 1, column (d)	2	.336403
3	Average distribution ratio for the 5-year base period - divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years	3	.067281
4	Enter the net value of noncharitable-use assets for 2012 from Part X, line 5	4	205,871,709.
5	Multiply line 4 by line 3	5	13,851,254.
6	Enter 1% of net investment income (1% of Part I, line 27b)	6	61,129.
7	Add lines 5 and 6	7	13,912,383.
8	Enter qualifying distributions from Part XII, line 4	8	6,575,135.

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the Part VI instructions.

Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see instructions)

1a	Exempt operating foundations described in section 4940(d)(2), check here ▶ ☐ and enter "N/A" on line 1. Date of ruling or determination letter: _____ (attach copy of letter if necessary-see instructions)			
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here ▶ ☐ and enter 1% of Part I, line 27b		1	122,258.
c	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b).			
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)		2	0.
3	Add lines 1 and 2		3	122,258.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)		4	0.
5	**Tax based on investment income.** Subtract line 4 from line 3. If zero or less, enter -0-		5	122,258.
6	Credits/Payments:			
a	2012 estimated tax payments and 2011 overpayment credited to 2012	6a 102,382.		
b	Exempt foreign organizations - tax withheld at source	6b		
c	Tax paid with application for extension of time to file (Form 8868)	6c 25,000.		
d	Backup withholding erroneously withheld	6d		
7	Total credits and payments. Add lines 6a through 6d		7	127,382.
8	Enter any **penalty** for underpayment of estimated tax. Check here ☒ if Form 2220 is attached		8	
9	**Tax due.** If the total of lines 5 and 8 is more than line 7, enter **amount owed** ▶		9	
10	**Overpayment.** If line 7 is more than the total of lines 5 and 8, enter the **amount overpaid** ▶		10	5,124.
11	Enter the amount of line 10 to be: **Credited to 2013 estimated tax** ▶ 5,124. **Refunded** ▶		11	0.

Part VII-A Statements Regarding Activities

			Yes	No
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?	1a		X
b	Did it spend more than $100 during the year (either directly or indirectly) for political purposes (see instructions for definition)? *If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.*	1b		X
c	Did the foundation file **Form 1120-POL** for this year?	1c		X
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation. ▶ $ 0. (2) On foundation managers. ▶ $ 0.			
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. ▶ $ 0.			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS? *If "Yes," attach a detailed description of the activities.*	2		X
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? *If "Yes," attach a conformed copy of the changes*	3		X
4a	Did the foundation have unrelated business gross income of $1,000 or more during the year?	4a		X
b	If "Yes," has it filed a tax return on **Form 990-T** for this year? N/A	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year? *If "Yes," attach the statement required by General Instruction T.*	5		X
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	6	X	
7	Did the foundation have at least $5,000 in assets at any time during the year? *If "Yes," complete Part II, col (c), and Part XV.*	7	X	
8a	Enter the states to which the foundation reports or with which it is registered (see instructions) ▶ IL			
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by *General Instruction G? If "No," attach explanation*	8b	X	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2012 or the taxable year beginning in 2012 (see instructions for Part XIV)? *If "Yes," complete Part XIV*	9		X
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses STMT 8	10	X	

Part VII-A Statements Regarding Activities *(continued)*

11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions)	11		X
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement (see instructions)	12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	

Website address ▶ WWW.CLARA.ABBOTT.COM

14 The books are in care of ▶ REBECCA KINNAVY Telephone no. ▶800-972-3859

Located at ▶1505 WHITE OAK DRIVE, WAUKEGAN, IL ZIP+4 ▶60085

15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of **Form 1041** - Check here ▶ ☐

and enter the amount of tax-exempt interest received or accrued during the year ▶ 15 N/A

			Yes	No
16	At any time during calendar year 2012, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country?	16		X
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1. If "Yes," enter the name of the foreign country ▶			

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required

			Yes	No
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.			
1a	During the year did the foundation (either directly or indirectly):			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? ☐ Yes ☒ No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? ☐ Yes ☒ No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? ☐ Yes ☒ No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? ☒ Yes ☐ No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? ☐ Yes ☒ No			
	(6) Agree to pay money or property to a government official? (**Exception.** Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.) ☐ Yes ☒ No			
b	If any answer is "Yes" to 1a(1)-(6), did **any** of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	1b		X
	Organizations relying on a current notice regarding disaster assistance check here ▶ ☐			
c	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2012?	1c		X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)):			
a	At the end of tax year 2012, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2012? ☐ Yes ☒ No			
	If "Yes," list the years ▶ _____, _____, _____, _____			
b	Are there any years listed in 2a for which the foundation is **not** applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to **all** years listed, answer "No" and attach statement - see instructions.) N/A	2b		
c	If the provisions of section 4942(a)(2) are being applied to **any** of the years listed in 2a, list the years here. ▶ _____, _____, _____, _____			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? ☐ Yes ☒ No			
b	If "Yes," did it have excess business holdings in 2012 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? *(Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2012.)* N/A	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		X
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2012?	4b		X

Part VII-B | Statements Regarding Activities for Which Form 4720 May Be Required *(continued)*

5a	During the year did the foundation pay or incur any amount to:			
	(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?	☐ Yes ☒ No		
	(2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive?	☐ Yes ☒ No		
	(3) Provide a grant to an individual for travel, study, or other similar purposes?	☒ Yes ☐ No		
	(4) Provide a grant to an organization other than a charitable, etc., organization described in section 509(a)(1), (2), or (3), or section 4940(d)(2)?	☐ Yes ☒ No		
	(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?	☐ Yes ☒ No		
b	If any answer is "Yes" to 5a(1)-(5), did **any** of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)?		5b	X
	Organizations relying on a current notice regarding disaster assistance check here ▶ ☐			
c	If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? N/A	☐ Yes ☐ No		
	If "Yes," attach the statement required by Regulations section 53.4945-5(d).			
6a	Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	☐ Yes ☒ No		
b	Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		6b	X
	If "Yes" to 6b, file Form 8870			
7a	At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?	☐ Yes ☒ No		
b	If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction? N/A		7b	

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors

1 List all officers, directors, trustees, foundation managers and their compensation.

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
SEE STATEMENT 9		553,608.	0.	0.

2 Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE."

(a) Name and address of each employee paid more than $50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
N/A	0.00	0.	0.	0.

Total number of other employees paid over $50,000 ▶ 0

Part VIII **Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors** *(continued)*

3 Five highest-paid independent contractors for professional services. If none, enter "NONE."

(a) Name and address of each person paid more than $50,000	(b) Type of service	(c) Compensation
LUIS HERNANDEZ 28383 KEATON DRIVE, RANCHO BELAGO, CA 92555	FINANCIAL CONSULTING	65,384.
Total number of others receiving over $50,000 for professional services ▶		0

Part IX-A **Summary of Direct Charitable Activities**

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1 SEE STATEMENT 10	357,726.
2 SEE STATEMENT 11	1,961,938.
3 THE FOUNDATION OFFERS A WIDE VARIETY OF FREE, FINANCIAL EDUCATION CLASSES TO ALL ABBOTT EMPLOYEES AND RETIREES. DURING THE YEAR, 112 CLASSES WERE GIVEN WORLDWIDE.	2,394,884.
4	

Part IX-B **Summary of Program-Related Investments**

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.	Amount
1 N/A	
2	
All other program-related investments. See instructions. 3	
Total. Add lines 1 through 3 ▶	0.

Form **990-PF** (2012)

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Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.)

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
a	Average monthly fair market value of securities	1a	211,997,347.
b	Average of monthly cash balances	1b	449,497.
c	Fair market value of all other assets	1c	
d	**Total** (add lines 1a, b, and c)	1d	212,446,844.
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation) — 1e: 0.		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	212,446,844.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions) STMT 12	4	6,575,135.
5	**Net value of noncharitable-use assets.** Subtract line 4 from line 3. Enter here and on Part V, line 4	5	205,871,709.
6	**Minimum investment return.** Enter 5% of line 5	6	10,293,585.

Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here ▶ ☐ and do not complete this part.)

1	Minimum investment return from Part X, line 6			1	10,293,585.
2a	Tax on investment income for 2012 from Part VI, line 5	2a	122,258.		
b	Income tax for 2012. (This does not include the tax from Part VI.)	2b			
c	Add lines 2a and 2b			2c	122,258.
3	Distributable amount before adjustments. Subtract line 2c from line 1			3	10,171,327.
4	Recoveries of amounts treated as qualifying distributions			4	0.
5	Add lines 3 and 4			5	10,171,327.
6	Deduction from distributable amount (see instructions)			6	0.
7	**Distributable amount** as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1			7	10,171,327.

Part XII Qualifying Distributions (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
a	Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26	1a	6,575,135.
b	Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
a	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	**Qualifying distributions.** Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	6,575,135.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b	5	0.
6	**Adjusted qualifying distributions.** Subtract line 5 from line 4	6	6,575,135.

Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years.

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2011	(c) 2011	(d) 2012
1 Distributable amount for 2012 from Part XI, line 7				10,171,327.
2 Undistributed income, if any, as of the end of 2012				
a Enter amount for 2011 only			0.	
b Total for prior years: _____, _____, _____		0.		
3 Excess distributions carryover, if any, to 2012:				
a From 2007 3,566,859.				
b From 2008 6,433,015.				
c From 2009 4,760,192.				
d From 2010 2,776,081.				
e From 2011 1,762,765.				
f **Total** of lines 3a through e	19,298,912.			
4 Qualifying distributions for 2012 from Part XII, line 4: ▶ $ 6,575,135.				
a Applied to 2011, but not more than line 2a			0.	
b Applied to undistributed income of prior years (Election required - see instructions)		0.		
c Treated as distributions out of corpus (Election required - see instructions)	0.			
d Applied to 2012 distributable amount				6,575,135.
e Remaining amount distributed out of corpus	0.			
5 Excess distributions carryover applied to 2012 (If an amount appears in column (d), the same amount must be shown in column (a).)	3,596,192.			3,596,192.
6 **Enter the net total of each column as indicated below:**				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	15,702,720.			
b Prior years' undistributed income. Subtract line 4b from line 2b		0.		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b. Taxable amount - see instructions		0.		
e Undistributed income for 2011. Subtract line 4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2012. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2013				0.
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3)	0.			
8 Excess distributions carryover from 2007 not applied on line 5 or line 7	0.			
9 **Excess distributions carryover to 2013.** Subtract lines 7 and 8 from line 6a	15,702,720.			
10 Analysis of line 9:				
a Excess from 2008 6,403,682.				
b Excess from 2009 4,760,192.				
c Excess from 2010 2,776,081.				
d Excess from 2011 1,762,765.				
e Excess from 2012				

Part XIV Private Operating Foundations (see instructions and Part VII-A, question 9) N/A

1 a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2012, enter the date of the ruling ▶

b Check box to indicate whether the foundation is a private operating foundation described in section ☐ 4942(j)(3) or ☐ 4942(j)(5)

2 a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed	Tax year (a) 2012	Prior 3 years (b) 2011	(c) 2010	(d) 2009	(e) Total
b 85% of line 2a					
c Qualifying distributions from Part XII, line 4 for each year listed					
d Amounts included in line 2c not used directly for active conduct of exempt activities					
e Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the alternative test relied upon: a "Assets" alternative test - enter: (1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test - enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed					
c "Support" alternative test - enter: (1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)					
(3) Largest amount of support from an exempt organization					
(4) Gross investment income					

Part XV Supplementary Information (Complete this part only if the foundation had $5,000 or more in assets at any time during the year-see instructions.)

1 **Information Regarding Foundation Managers:**

a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than $5,000). (See section 507(d)(2).)

NONE

b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest.

NONE

2 **Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:**

Check here ▶ ☐ if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d.

a The name, address, and telephone number or e-mail of the person to whom applications should be addressed:

SEE ATTACHED GRANT APPLICATION

b The form in which applications should be submitted and information and materials they should include:

SEE ATTACHED GRANT APPLICATION

c Any submission deadlines:

SEE ATTACHED GRANT APPLICATION

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:

SEE ATTACHED GRANT APPLICATION

Part XV Supplementary Information (continued)

3 Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FINANCIAL AID AND EDUCATIONAL SEMINARS *	NONE	N/A	GENERAL ASSISTANCE	2,155,985.
SCHOLARSHIP GRANTS *	NONE	N/A	EDUCATIONAL ASSISTANCE	1,062,111.
* THIS CONFIDENTIAL INFORMATION IS NOT INCLUDED IN OUR RETURN.				
THIS INFORMATION IS AVAILABLE AT THE TAXPAYER'S OFFICE.				
Total			▶ 3a	3,218,096.
b *Approved for future payment*				
NONE				
Total			▶ 3b	0.

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated.	Unrelated business income (a) Business code	Unrelated business income (b) Amount	Excluded by section 512, 513, or 514 (c) Exclusion code	Excluded by section 512, 513, or 514 (d) Amount	(e) Related or exempt function income
1 Program service revenue:					
a					
b					
c					
d					
e					
f					
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash investments					
4 Dividends and interest from securities			14	3,621,468.	
5 Net rental income or (loss) from real estate:					
a Debt-financed property					
b Not debt-financed property					
6 Net rental income or (loss) from personal property					
7 Other investment income			01	127,627.	
8 Gain or (loss) from sales of assets other than inventory			18	1,931,861.	
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue:					
a OTHER INCOME			01	10,923.	
b					
c					
d					
e					
12 Subtotal. Add columns (b), (d), and (e)		0.		5,691,879.	0.
13 Total. Add line 12, columns (b), (d), and (e)					13 5,691,879.

(See worksheet in line 13 instructions to verify calculations.)

Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes

Line No. ▼	Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes).

Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

			Yes	No
1	Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?			
a	Transfers from the reporting foundation to a noncharitable exempt organization of:			
	(1) Cash	1a(1)		X
	(2) Other assets	1a(2)		X
b	Other transactions:			
	(1) Sales of assets to a noncharitable exempt organization	1b(1)		X
	(2) Purchases of assets from a noncharitable exempt organization	1b(2)		X
	(3) Rental of facilities, equipment, or other assets	1b(3)		X
	(4) Reimbursement arrangements	1b(4)		X
	(5) Loans or loan guarantees	1b(5)		X
	(6) Performance of services or membership or fundraising solicitations	1b(6)		X
c	Sharing of facilities, equipment, mailing lists, other assets, or paid employees	1c		X

d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received.

(a) Line no	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements
		N/A	

2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? ☐ Yes ☒ No

b If "Yes," complete the following schedule.

(a) Name of organization	(b) Type of organization	(c) Description of relationship
N/A		

Sign Here

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

Rebecca Kinnaw 9/27/13 OFFICER

Signature of officer or trustee Date Title

May the IRS discuss this return with the preparer shown below (see instr)? ☒ Yes ☐ No

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self- employed	PTIN
KIMBERLY A. HAUMANN	KIMBERLY A. HAUMA	09/26/13		P00546491

Firm's name ▶ PLANTE & MORAN, PLLC — Firm's EIN ▶ 38-1357951

Firm's address ▶ 10 S. RIVERSIDE PLAZA, 9TH FLOOR CHICAGO, IL 60606 — Phone no. (312) 207-1040

Form **990-PF** (2012)

223622
12-05-12

Schedule B (Form 990, 990-EZ, or 990-PF)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.

OMB No 1545-0047

2012

Name of the organization

CLARA ABBOTT FOUNDATION

Employer identification number

36-6069632

Organization type (check one):

Filers of:	Section:
Form 990 or 990-EZ	☐ 501(c)( ) (enter number) organization
	☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
	☐ 527 political organization
Form 990-PF	☒ 501(c)(3) exempt private foundation
	☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation
	☐ 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule.**
Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

☒ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, $5,000 or more (in money or property) from any one contributor. Complete Parts I and II

Special Rules

☐ For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of **(1)** $5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

☐ For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than $1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III

☐ For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total to more than $1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of $5,000 or more during the year . . . . . ▶ $ _____

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on Part I, line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization	Employer identification number
CLARA ABBOTT FOUNDATION	36-6069632

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	CAROL WILKINSON KEENAN TRUSTEE 1415 N DEARBORN, APT 24B CHICAGO, IL 60610	$ 100,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)

Name of organization: CLARA ABBOTT FOUNDATION

Employer identification number: 36-6069632

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		$	

Name of organization: CLARA ABBOTT FOUNDATION

Employer identification number: 36-6069632

Part III *Exclusively* religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than $1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of $1,000 or less for the year. (Enter this information once) ▶ $

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

The Clara Abbott Foundation
2012 Fixed Assets Summary Schedule

Type	Fixed Asset Balance 12-31-11		2012 Adjustments	2012 Disposals	2012 Additions	Fixed Asset Balance 12-31-12
TOTALS	572,346 30	a)	0 00	(4,184 19)	8,671 94	576,834 05

12-31-10 Balance per GL Accounts 120099 & 120299.	576,834 05
12-31-10 Balance per Attached Detail Schedule	576,834.05
Variance a)	0 00

2012 Feb Deadline

2012 Clara Abbott Scholarship Program Application

This application is for the upcoming school year only. By completing this application, I agree that the following eligibility requirements have been met:

1 Employee Requirements

Active Employee:

- Must have a minimum of two years of service as an Abbott employee as of The Clara Abbott Foundation's (The Foundation) application deadline date.
- Must be eligible to receive Abbott employee benefits.

Extended Disability Employee:

- Must be receiving Abbott or government pay.
- Must be eligible to receive Abbott employee benefits.

Retired Employee:

- At least 50 years of age, with minimum 10 years of Abbott service as of the last day of employment

Contract and temporary employees are not eligible to apply.

2 Student Applicant Requirements

- Must be the unmarried child or step-child of the Abbott employee / retiree.
- Must be 17 – 24 years of age as of The Foundation's application deadline date.
- Must be applying for a scholarship to attend one of the following:
  - College (must qualify as a university [or equivalent])
  - University
  - Vocational School
  - Trade School
- Must not have or receive a university degree (or equivalent) prior to the beginning of the next school year
- Scholarships may not be used toward a student's *second* Bachelor's degree or advanced degrees such as Master's, Doctorate, Specialist, etc.

3 Documentation Requirements (Copies must be included with application)

☐ **Submit annual income statements for any Abbott employee related to the student (parent or step-parent) from most recent year completed.** Total annual income includes salary, bonus and incentive pay prior to any deductions. Circle/translate into English on the document the employee name, year and total income amount.

☐ ***For Previous Scholarship Recipients Only***
If the student applicant received a Clara Abbott scholarship within the past year, submit a school grade report* from the most recent school term attended in the past year.

**Reports must include the student name, school name and school term. Circle/translate these items into English on the report.*

Your local application deadline is _____

Questions? Contact your local HR representative or Clara Abbott Foundation consultant.

Section 1: Abbott Employee Information

Last Name

First Name

Country Phone

Email Address

Birth Date Day Month Year

Hire Date Day Month Year

Employment Status (check one):

☐ Active Abbott Employee, BSUI

Is the Abbott employee eligible to receive Abbott benefits? ☐ Yes ☐ No

☐ Extended Disability Abbott Employee

Is the Abbott employee eligible to receive Abbott benefits? ☐ Yes ☐ No

☐ Retired Abbott Employee

Last Day Worked Day Month Year

☐ Deceased Employee

Last Day Worked Day Month Year

Section 2: Student Applicant Information

Last Name

First Name

Middle Name

Student's Clara Abbott ID Number (First-time applicants leave blank)

Email Address

Birth Date Day Month Year

Section 3: Income Information

Enter the amount of combined total annual income for all who support the student applicant >>> NOTE: Along with your application, you must submit annual income statements for any Abbott employee related to the student (parent or step-parent) from the most recent year completed	Total Annual Income	Currency

** Total annual income includes salary, bonus and incentive pay prior to any deductions and child support received for the student. In the case of retirees, total income includes total pension and all other income. Provide income amount from the most recent year for all who support the student.*

***Example 1:** Mother Income + Father Income = Total Annual Income*

***Example 2:** Mother Income + Step-Father Income + other support i.e. child support = Total Annual Income*

***Example 3:** Father Income + Step-Mother Income + other support i.e. child support = Total Annual Income*

Enter the number of dependents living in the same house and financially supported by the Abbott employee >>> (Example: Employee + spouse + student applicant + other child = 4 dependents)	

Section 4: Signature

By signing my name below, I agree/understand that:

- The information on this application is complete and accurate. *Applications that are incomplete as of the deadline date, including those missing documentation, will not be accepted.*
- The Foundation will not tolerate fraud, deceit or concealment with regard to the information on this application or obtained during the application process. If The Foundation determines that any such behaviors have occurred, it may deny any current or pending application, and may not provide future assistance. For Abbott employees, any such behavior is considered a violation of the Abbott Code of Business Conduct (the Code) and may be subject to the consequences as set out in the Code.
- The Foundation may make all inquiries deemed necessary to verify the accuracy of the statements made on this application
- Personal data will be received by The Foundation in the U.S. and the U.S. may not have laws that protect privacy to the same extent as my country's laws. Information provided to The Foundation is kept confidential except as required by law or in circumstances where fraud, deceit or concealment with regard to information on this application obtained during the application process has been determined (or suspected)
- The Foundation may decline any request for assistance at its sole and entire discretion.

Abbott Employee/Retiree Signature (Required) Date (Day/Month/Year)

2012 - May deadline - English

2012 Clara Abbott Scholarship Program Application

This application is for the upcoming school year only. By completing this application, I agree that the following eligibility requirements have been met:

1 Employee Requirements

Active Employee:

- Must have a minimum of two years of service as an Abbott employee as of The Clara Abbott Foundation's (The Foundation) application deadline date.
- Must be eligible to receive Abbott employee benefits.

Extended Disability Employee:

- Must have a minimum of two years of service as an Abbott employee as of The Foundation's application deadline date.
- Must be eligible to receive Abbott employee benefits.
- Must be receiving Abbott or government pay.

Retired Employee:

- At least 50 years of age, with minimum 10 years of continuous Abbott service as of the last day of employment.

Contract, distributor and temporary employees are not eligible to apply.

2 Student Applicant Requirements

- Unmarried child or step-child of the Abbott employee / retiree.
- 17 – 24 years of age as of The Foundation's application deadline date.
- Applying for a scholarship to attend one of the following:
  - College (must qualify as a university [or equivalent])
  - University
  - Vocational School
  - Trade School
- Not have or receive a university degree (or equivalent) prior to the beginning of the next school year.
- Scholarships may not be used toward a student's *second* Bachelor's degree or advanced degrees such as Master's, Doctorate, Specialist, etc.

3 Documentation Requirements (Copies must be included with application)

☐ **Submit annual income statements for any Abbott employee related to the student (parent or step-parent) from most recent year completed.** Total gross annual income includes salary, bonus and incentive pay prior to any deductions. Circle/translate into English on the document the employee name, year and total gross annual income amount.

☐ ***For Previous Scholarship Recipients Only***
If the student applicant received a Clara Abbott scholarship within the past year, submit a school grade report* from the most recent school term attended in the past year.

**Reports must include the student name, school name, school term, courses taken/grades received. Circle/translate these items into English on the report.*

Your local application deadline is _____

Questions? Contact your local HR representative or Clara Abbott Foundation consultant.

Section 1: Abbott Employee Information

Last Name

First Name

Country Phone

Email Address

Birth Date Day Month Year

Hire Date Day Month Year

Division Code (check one):

☐ ADC ☐ ADD ☐ AH ☐ AI ☐ AM
☐ AMO ☐ AN ☐ APOC ☐ AV ☐ CORP
☐ EPD ☐ GPO ☐ PPD ☐ Other

Employment Status (check one):

☐ Active Abbott Employee
Is the Abbott employee eligible to receive Abbott benefits? ☐ Yes ☐ No

☐ Extended Disability Abbott Employee
Is the Abbott employee eligible to receive Abbott benefits? ☐ Yes ☐ No

☐ Retired Abbott Employee
Retirement Date Day Month Year

☐ Deceased Abbott Employee
Last Day Worked Day Month Year

Section 2: Student Applicant Information

Last Name

First Name

Middle Name

Birth Date Day Month Year

Student's Clara/Abbott ID Number (First-time applicants leave blank)

Email Address

School Name

School Country

Section 3: Income Information

Enter the amount of combined total gross annual income* for all who support the student applicant >>> NOTE: Along with your application, you must submit annual income statements for any Abbott employee related to the student (parent or step-parent) from the most recent year completed	Total Gross Annual Income	Currency

** Total gross annual income (prior to any deductions) includes salary, bonus, incentive pay and child support received for the student. In the case of retirees, total income includes total pension and all other income. Provide income amount from the most recent year for all who support the student.*

Example 1: Mother income + Father income = Total Gross Annual Income

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Enter the number of dependents living in the same house and financially supported by the Abbott employee >>>
(Example: Employee + spouse + student applicant + other child = 4 dependents)

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By signing my name below, I agree/understand that:

- The information on this application is complete and accurate. *Applications that are incomplete as of the deadline date, including those missing documentation, will not be accepted.*
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- The Foundation may make all inquiries deemed necessary to verify the accuracy of the statements made on this application
- Personal data will be received by The Foundation in the U.S. and the U.S. may not have laws that protect privacy to the same extent as my country's laws. Information provided to The Foundation is kept confidential except as required by law or in circumstances where fraud, deceit or concealment with regard to information on this application or obtained during the application process has been determined (or suspected)
- The Foundation may decline any request for assistance at its sole and entire discretion

Abbott Employee/Retiree Signature (Required) Date (Day/Month/Year)

2012 May deadline - English Canada

2012 Clara Abbott Scholarship Program Application

This application is for the upcoming school year only. By completing this application, I agree that the following eligibility requirements have been met:

1 Employee Requirements

Active Employee:

- Must have a minimum of two years of service as an Abbott employee as of The Clara Abbott Foundation's (The Foundation) application deadline date
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- Must be receiving Abbott or government pay

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- Applying for a scholarship to attend one of the following:
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  - University
  - Vocational School
  - Trade School
- Not have or receive a university degree (or equivalent) prior to the beginning of the next school year
- Scholarships may not be used toward a student's *second* Bachelor's degree or advanced degrees such as Master's, Doctorate, Specialist, etc.

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☐ ***For Previous Scholarship Recipients Only***
If the student applicant received a Clara Abbott scholarship within the past year, submit a school grade report* from the most recent school term attended in the past year.

**Reports must include the student name, school name, school term, courses taken/grades received. Circle/translate these items into English on the report.*

Your local application deadline is _____

Questions? Contact your local HR representative or Clara Abbott Foundation consultant.

Section 1: Abbott Employee Information

Last Name

First Name

Country

Phone

Email Address

Birth Date Day Month Year

Hire Date Day Month Year

Division Code (check one):

☐ ADC ☐ ADD ☐ AH ☐ AI ☐ AM
☐ AMO ☐ AN ☐ APOC ☐ AV ☐ CORP
☐ EPD ☐ GPO ☐ PPD ☐ Other

Employment Status (check one):

☐ Active Abbott Employee

Is the Abbott employee eligible to receive Abbott benefits? ☐ Yes ☐ No

☐ Extended Disability Abbott Employee

Is the Abbott employee eligible to receive Abbott benefits? ☐ Yes ☐ No

☐ Retired Abbott Employee

Retirement Date Day Month Year

☐ Deceased Abbott Employee

Last Day Worked Day Month Year

Section 2: Student Applicant Information

Last Name

First Name

Middle Name

Birth Date Day Month Year

Student's Clara Abbott ID Number (First-time applicants leave blank)

C-9

Student SIN

Email Address

School Name

School Country

Section 3: Income Information

Enter the amount of combined total gross annual income* for all who support the student applicant >>> NOTE: Along with your application, you must submit annual income statements for any Abbott employee related to the student (parent or step-parent) from the most recent year completed	Total Gross Annual Income	Currency

** Total gross annual income (prior to any deductions) includes salary, bonus, incentive pay and child support received for the student. In the case of retirees, total income includes total pension and all other income. Provide income amount from the most recent year for all who support the student.*

Example 1: Mother income + Father income = Total Gross Annual Income

Example 2: Mother income + Step-Father income + other support i.e. child support = Total Gross Annual Income

Example 3. Father income + Step-Mother income + other support i.e. child support = Total Gross Annual Income

Enter the number of dependents living in the same house and financially supported by the Abbott employee >>> (Example: Employee + spouse + student applicant + other child = 4 dependents)	

Section 4: Signature

By signing my name below, I agree/understand that:

- The information on this application is complete and accurate. ***Applications that are incomplete as of the deadline date, including those missing documentation, will not be accepted***
- The Foundation will not tolerate fraud, deceit or concealment with regard to the information on this application or obtained during the application process. If The Foundation determines that any such behaviors have occurred, it may deny any current or pending application, and may not provide future assistance. For Abbott employees, any such behavior is considered a violation of the Abbott Code of Business Conduct (the Code) and may be subject to the consequences as set out in the Code
- The Foundation may make all inquiries deemed necessary to verify the accuracy of the statements made on this application
- Personal data will be received by The Foundation in the U.S. and the U.S. may not have laws that protect privacy to the same extent as my country's laws. Information provided to The Foundation is kept confidential except as required by law or in circumstances where fraud, deceit or concealment with regard to information on this application or obtained during the application process has been determined (or suspected)
- The Foundation may decline any request for assistance at its sole and entire discretion

Abbott Employee/Retiree Signature (Required) Date (Day/Month/Year)

2012 May deadline - Spanish

Solicitud para el Programa de becas Clara Abbott 2012

Esta solicitud es únicamente para el próximo año lectivo. Al completar esta solicitud acepto que cumplo con los siguientes requisitos de elegibilidad:

1 Requisitos de los empleados

Empleado activo:

- Debe contar con un mínimo de dos años de servicio como empleado de Abbott para el cierre de la fecha de solicitud de la Fundación Clara Abbott (la Fundación).
- Debe calificar para recibir beneficios para los empleados de Abbott

Empleado con discapacidad extendida:

- Debe contar con un mínimo de dos años de servicio como empleado de Abbott para el cierre de la fecha de solicitud de la Fundación.
- Debe calificar para recibir beneficios para los empleados de Abbott
- Debe estar recibiendo pagos gubernamentales o de Abbott

Empleado retirado:

- Al menos 50 años de edad con un mínimo de 10 años de servicio continuo en Abbott al último día de empleo

Los contratistas, distribuidores y empleados temporales no califican para solicitar.

2 Requisitos para las solicitudes de estudiantes

- Hijo o hijastro soltero de un empleado/ jubilado de Abbott
- 17-24 años de edad para la fecha de cierre de solicitudes de la Fundación
- Solicitar una beca para asistir a una de las siguientes:
  - Institución universitaria (debe calificar como universidad [o equivalente])
  - Universidad
  - Escuela vocacional
  - Escuela de oficios
- No tener ni recibir un título universitario (o equivalente) antes del comienzo del siguiente año escolar
- Las becas no se pueden utilizar para el *segundo* título de grado o para grados avanzados como maestrías, doctorados, especializaciones, etc.

3 Requisitos de documentación (se deben incluir copias con la solicitud)

☐ **Presentar declaraciones anuales de ingresos para cualquier empleado de Abbott relacionado con el estudiante (padre o padrastro) del año completado más recientemente. El ingreso anual total bruto incluye salario, bonificaciones y pagos de incentivo antes de las deducciones. Encierre en un círculo/traduzca al inglés en el documento el nombre del empleado, año y monto de ingreso anual total bruto.**

☐ ***Únicamente para receptores de becas anteriores***
Si el estudiante solicitante ya recibió una beca de Clara Abbott en el año anterior, presente un Informe de calificaciones* del semestre escolar más reciente del año anterior.

**Los informes deben incluir el nombre del estudiante, nombre de la escuela, semestre, cursos tomados y calificaciones obtenidas.*

La fecha de cierre de su solicitud local es _____

¿Alguna pregunta? Póngase en contacto con su representante local de RR.HH. o con su consultor de la Fundación Clara Abbott.

Sección 1: Información del empleado de Abbott

Apellido

Primer nombre

País Teléfono

Correo electrónico

F. de nacimiento Día Mes Año

F. de contratación Día Mes Año

Código de la división (marque uno):

☐ ADC ☐ ADD ☐ AH ☐ AI ☐ AM
☐ AMO ☐ AN ☐ APOC ☐ AV ☐ CORP
☐ EPD ☐ GPO ☐ PPD ☐ Otro

Estado de empleo (marque uno):

☐ Empleado activo de Abbott
¿El empleado de Abbott califica para recibir beneficios de Abbott? ☐ Sí ☐ No

☐ Empleado de Abbott con discapacidad extendida
¿El empleado de Abbott califica para recibir beneficios de Abbott? ☐ Sí ☐ No

☐ Empleado de Abbott jubilado
Fecha de Jubilación Día Mes Año

☐ Empleado de Abbott fallecido
Último día trabajado Día Mes Año

Sección 2: Información del estudiante solicitante

Apellido

Primer nombre

Segundo nombre

F. de nacimiento Día Mes Año

Número de ID de Clara Abbott del estudiante (dejar en blanco para solicitudes por primera vez)

C 9

Correo electrónico

Nombre de la escuela

País de la escuela

Sección 3: Información de ingresos

Ingrese el monto combinado de ingresos brutos totales anuales* de todos los que mantienen al estudiante solicitante >>> NOTA: Junto con su solicitud deberá presentar declaraciones anuales de ingresos para cualquier empleado de Abbott relacionado con el estudiante (padre o padrastro) del año completado más recientemente.	Ingresos brutos totales anuales	Moneda

*Ingresos brutos totales anuales (antes de deducciones) incluyen el salario, bonificaciones, pagos de incentivo y manutención recibidos por el estudiante. En el caso de jubilados, el ingreso total incluye la pensión total y demás ingresos. Proporcione el monto de ingresos para el año más reciente de todos aquellos que mantienen al estudiante:

Ejemplo 1: Ingresos de la madre + Ingresos del padre = Ingresos brutos totales anuales

Ejemplo 2: Ingresos de la madre + Ingresos del padrastro + otra manutención (como manutención de hijos) = Ingresos brutos totales anuales

Ejemplo 3: Ingresos del padre + Ingresos de la madrastra + otra manutención (como manutención de hijos) = Ingresos brutos totales anuales

Ingrese el número de dependientes que viven en la misma casa y que son mantenidos por el empleado de Abbott >>> (Ejemplo: empleado + cónyuge + estudiante solicitante + otro hijo = 4 dependientes)	

Sección 4: Firma

Al firmar abajo acuerdo/comprendo que:

- La información en esta solicitud es completa y precisa. ***Las solicitudes incompletas para la fecha de cierre, incluyendo aquellas con documentación faltante, no serán aceptadas***
- La Fundación no tolerará fraudes, engaños u ocultamientos respecto de la información en esta solicitud o la obtenida durante el proceso de solicitud. Si la Fundación determinara que hubo un comportamiento de este tipo, podría denegar las solicitudes actuales o pendientes y no proporcionar asistencia en el futuro. Para los empleados de Abbott, un comportamiento de este tipo se considera una violación del Código de conducta comercial de Abbott (el Código) y puede ser pasible de las consecuencias establecidas en el mismo.
- La Fundación hará todas las preguntas que estime necesarias para verificar la precisión de las declaraciones de esta solicitud.
- La información personal será recibida por la Fundación en Estados Unidos y los Estados Unidos podrían no tener leyes que protejan la privacidad de las personas al mismo punto que las leyes de mi país. La información proporcionada a la Fundación se mantiene en forma confidencial excepto según lo que requiera la ley o en circunstancias en que se haya determinado (o sospechado) fraude, engaño u ocultamiento en cuanto a la información de esta solicitud o la obtenida durante el proceso de solicitud.
- La Fundación podrá denegar cualquier solicitud de asistencia a su sola y entera discreción.

Firma del empleado / jubilado de Abbott (requerida) Fecha (día/mes/año)

2012 May deadline - Italian

Programma di Borsa di Studio Clara Abbott 2012

Il presente formulario è per l'anno accademico 2012/2013. Di seguito i requisiti di eligibilità:

1 Requisiti del dipendente

Dipendente attivo:
- Che abbia maturato 2 anni di servizio presso Abbott dalla scadenza per la consegna del formulario Clara Abbott
- Idoneo per ricevere benefit di Abbott

Dipendente disabile:
- Che abbia maturato 2 anni di servizio presso Abbott e dale scadenza per la consegna del formulario Clara Abbott
- Idoneo per ricevere benefit di Abbott
- Dipendente che riceve lo stipendio da Abbott o dal governo locale

Pensionato:
- Che abbia compiuto 50 anni e che abbia lavorato per almeno 10 anni in Abbott alla data di cessazione

Dipendenti con contratto a tempo determinato non possono fare richiesta di borsa di studio.

2 Requisiti dello studente

- Figlio o figliastro (celibe/nubile) del dipendente/pensionato Abbott
- Di età compresa tra i 17– 24 anni al momento della consegna della domanda di borsa di studio
- Che intende frequentare una delle seguenti strutture:
  - Ateneo (classificato come Università (o equivalente))
  - Università
  - Scuola professionale
  - Istituto Commerciale
- Che Non abbia conseguito una laurea (o titolo equivalente)prima dell'inizio del nuovo anno accademico
- La borsa di studio non può essere utilizzata per ottenere una seconda laurea universitaria ne per Master's, Dottorato, Spacializzazioni etc.

3 Documentazione da allegare (allegare fotocopie dei documenti al formulario)

☐ **Allegare copia più recente del reddito annuale lordo del dipendente Abbott (genitore, matrigna o patrigno).** Il reddito deve comprendere stipendio,bonus e pagamento di incentivi esenti da trattenute. Evidenziare il nome del dipendente,anno e totale del reddito annuale lordo.

☐ ***Per coloro che hanno ricevuto una borsa di studio lo scorso anno***
Qualora lo studente che fa richiesta di borsa di studio alla Clara Abbott ne abbia già ricevuta una lo scorso anno dovrà allegare la copia degli esami sostenuti nell'anno precedente alla presente domanda.
**Le copie dovranno riportare il nome dello studente,nome dell'istituto,anno accademico,esami sostenuti e voti conseguiti.*

La scadenza per la consegna è _____
Domande? Sei pregato di contattare il tuo rappresentante locale o un consulente della Fondazione Clara Abbott.

Sezione 1: Informazioni sul dipendente

Cognome

Nome

Paese | Telefono

Indirizzo mail

Data di nascita: Giorno | Mese | Anno

Data assunzione: Giorno | Mese | Anno

Divisione di appartenenza (selezionare una voce):

☐ ADC ☐ ADD ☐ AH ☐ AI ☐ AM
☐ AMO ☐ AN ☐ APOC ☐ AV ☐ CORP
☐ EPD ☐ GPO ☐ PPD ☐ Altro

Informazioni lavorative (selezionare una voce):

☐ Dipendente attivo di Abbott

Il dipendente è idoneo a ricevere Benefit di Abbott? ☐ Sì ☐ No

☐ Dipendente Disabile di Abbott

Il dipendente è idoneo a ricevere Benefit di Abbott? ☐ Sì ☐ No

☐ Pensionato di Abbott

Data pensionamento: Giorno | Mese | Anno

☐ Dipendente Abbott deceduto

Ultimo giorno di lavoro: Giorno | Mese | Anno

Sezione 2: Informazioni sullo studente

Cognome

Nome

Secondo nome

Data di nascita: Giorno | Mese | Anno

Numero ID Clara Abbott dello studente (Nel caso di prima domanda lasciare bianco)

C 9

Indirizzo mail

Nome Università

Paese Università

Sezione 3: Informazioni sul reddito

Indicare la somma del reddito annuale lordo* di coloro che forniscono supporto allo studente >>>> NOTA: Allegare al formulario la più recente copia di reddito annuale lordo di tutti i dipendenti Abbott che hanno una relazione con lo studente (genitori-genitori acquisiti)	Totale reddito annuale lordo	Valuta

** Il reddito annuale lordo (esente da deduzioni) include stipendio, bonus, incentivi, e supporto ricevuto dallo studente. Nel caso di un pensionato, il reddito totale comprende l'importo totale della pensione o qualsiasi altro tipo di reddito. Fornire il totale del reddito più recente di tutti coloro che danno supporto allo studente :*
Esempio 1: Reddito madre + reddito padre = Totale reddito annuale lordo
Esempio 2: Reddito madre +reddito patrigno +altro supporto per lo studente = Totale reddito annuale lordo
Esempio 3: Reddito padre + reddito matrigna +altro supporto per lo studente = Totale reddito annuale lordo

Indicare il numero di persone che vivono nella stessa casa e che sono supportate dal dipendente Abbott >>>> (Esempio: Dipendente+ coniuge + studente + ulteriori figli = 4 familiari)	

Sezione 4:Firme

Firmando il presente formulario accetto/confermo quanto segue:

- Le informazioni fornite sono complete ed esatte. *I formulari che risulteranno incompleti al momento della scadenza della consegna non saranno processati.*
- La fondazione non tollererà alcun tipo di truffa, falsità ed occultamento riguardo le informazioni contenute nel presente formulario. Se la fondazione riterrà che qualcuno sia incorso in tale comportamento potrà negare la richiesta di borsa di studio. Per gli Impiegati Abbott qualunque dei presenti comportamenti verrà considerato violazione del codice di condotta e saranno soggetti alle conseguenze previste dal codice
- La Fondazione potrà ricercare tutte le informazioni necessarie per verificare l'esattezza di quanto dichiarato sul formulario
- I dati personali saranno ricevuti dalla fondazione negli U.S. qui non sono presenti leggi per la protezione dei dati personali come avviene nel vostro paese. Le informazioni fornite alla fondazione sono confidenziali ad eccezione di quanto previsto dalla legge od in circostanze (sospette) di truffa, falsità, inganno, occultamento delle stesse
- Sarà discrezione della fondazione rifiutare o meno qualsiasi tipo di richiesta di assistenza

Firma del dipendente/pensionato Abbott (Obbligatoria) | Data (Giorno/Mese/Anno)

2012 May Deadline - French

Formulaire de demande de bourse d'études du programme Clara Abbott 2012

Cette demande concerne uniquement l'année académique à venir. En remplissant ce formulaire de demande, il est entendu que les conditions d'admissibilité suivantes sont remplies:

1 Conditions relatives à l'employé

Employé actif:

- doit avoir cumulé, à la date limite de dépôt des demandes auprès de la Fondation Clara Abbott (la Fondation), au moins deux années de service en tant qu'employé d'Abbott
- doit remplir les conditions requises pour bénéficier des avantages réservés aux employés d'Abbott

Employé en congé d'invalidité longue durée:

- doit avoir cumulé, à la date limite de dépôt des demandes auprès de la Fondation, au moins deux années de service en tant qu'employé d'Abbott
- doit remplir les conditions requises pour bénéficier des avantages réservés aux employés d'Abbott
- doit bénéficier d'une allocation d'Abbott ou du gouvernement

Employé retraité:

- doit être âgé d'au moins 50 ans et avoir cumulé au minimum 10 années de service ininterrompu chez Abbott en date du dernier jour de travail

Les employés contractuels, des distributeurs et les employés temporaires ne sont pas autorisés à déposer une demande.

2 Conditions relatives à l'étudiant demandeur

- Enfant (ou enfant du conjoint) non marié d'un employé / employé retraité d'Abbott
- Âgé de 17 à 24 ans à la date limite de dépôt des demandes auprès de la Fondation
- Dépose une demande de bourse d'études pour suivre l'une des formations suivantes:
  - Enseignement supérieur (formation de type universitaire ou équivalent)
  - Université
  - École professionnelle
  - École de métiers
- N'est et ne sera titulaire d'aucun diplôme universitaire (ou équivalent) avant le début de l'année académique à venir
- Les bourses d'études ne peuvent pas être consacrées à la poursuite d'une *seconde* formation d'enseignement supérieur, telle qu'une licence ou un diplôme de fin de second cycle ou troisième cycle, comme un Master, un doctorat, etc.

3 Documents requis (doivent être joints au formulaire de demande)

☐ **Joindre la déclaration de revenus annuelle de l'employé d'Abbott lié à l'étudiant (parent ou conjoint du parent) pour l'année écoulée la plus récente.** Les revenus bruts totaux englobent la rémunération salariale, les primes, et les rémunérations au résultat avant déduction. Entourez/traduisez en anglais sur le document : le nom de l'employé, l'année, et le montant des revenus bruts totaux

☐ ***Pour les étudiants déjà bénéficiaires d'une bourse d'études uniquement*** :
Si l'étudiant demandeur a bénéficié d'une bourse d'études Clara Abbott pour l'année précédente, joindre le bulletin scolaire* du semestre le plus récent de l'année précédente.

**Le bulletin scolaire doit impérativement renseigner le nom de l'étudiant, le nom de l'institution, le semestre concerné, les cours suivis / notes obtenues.*

La date limite de dépôt des demandes dans votre région est le _____

Des questions ? Contactez le représentant des ressources humaines ou le conseiller de la Fondation Clara Abbott

Section 1 : Informations relatives à l'employé Abbott

Nom

Prénom

Pays | Téléphone

Adresse électronique

Date de naissance — Jour / Mois / Année

Date d'embauche — Jour / Mois / Année

Code de division (sélectionnez une seule proposition) :

☐ ADC ☐ ADD ☐ AH ☐ AI ☐ AM
☐ AMO ☐ AN ☐ APOC ☐ AV ☐ CORP
☐ EPD ☐ GPO ☐ PPD ☐ Autre

Statut d'emploi (sélectionnez une seule proposition) :

☐ Employé actif d'Abbott
L'employé d'Abbott remplit-il les conditions requises pour bénéficier des avantages Abbott ? ☐ Oui ☐ No

☐ Employé d'Abbott en congé d'invalidité longue durée
Is the Abbott employee eligible to receive Abbott benefits? ☐ Oui ☐ No

☐ Employé retraité d'Abbott
Date de départ en retraite — Jour / Mois / Année

☐ Employé d'Abbott décédé
Dernier jour travaillé — Jour / Mois / Année

Section 2 : Informations relatives à l'étudiant demandeur

Nom

Prénom

Second prénom

Date de naissance — Jour / Mois / Année

Numéro d'identification Clara Abbott de l'étudiant (pour les étudiants déposant une demande pour la première fois, laisser vierge)

C 9

Adresse électronique

Nom de l'institution

Pays de l'école

Section 3 : Informations relatives aux revenus

	Revenus bruts totaux annuels	Devise
Inscrivez la somme des montants des revenus bruts totaux annuels additionnés* de toutes les personnes prenant en charge l'étudiant demandeur >>> REMARQUE : Vous devez joindre au formulaire de demande la déclaration de revenus annuelle de l'employé d'Abbott lié à l'étudiant (parent ou conjoint du parent) pour l'année écoulée la plus récente		

** Les revenus bruts totaux annuels (avant déduction) englobent les rémunérations salariales, les primes, les rémunérations au résultat, ainsi que les pensions alimentaires perçues pour l'étudiant demandeur. Pour les employés retraités, les revenus totaux englobent le montant total de la retraite, ainsi que tous autres revenus. Joindre le montant des revenus de toutes les personnes prenant en charge l'étudiant demandeur pour l'année écoulée la plus récente:*

Exemple 1: Revenus de la mère + revenus du père = revenus bruts totaux annuels
Exemple 2: Revenus de la mère + revenus du beau-père + autres revenus, p. ex. pension alimentaire = revenus bruts totaux annuels
Exemple 3: Revenus du père + revenus de la belle-mère + autres revenus, p. ex. pension alimentaire = revenus bruts totaux annuels

Inscrivez le nombre de personnes financièrement à charge et vivant sous le même toit que l'employé d'Abbott >>> (Exemple : Employé + conjoint + étudiant demandeur + autre enfant = 4 personnes à charge)	

Section 4 : Signature

En inscrivant mon nom et en signant ci-dessous, j'accepte/comprends que :

- Les informations figurant dans ce formulaire de demande sont complètes et exactes. *Les demandes incomplètes à la date limite de dépôt des demandes, notamment en raison de documents requis manquants, ne seront pas acceptées*
- La Fondation ne tolèrera aucun acte de fraude, tromperie, ou dissimulation vis-à-vis des informations figurant dans ce formulaire de demande ou obtenues durant la procédure de demande. Si la Fondation constate qu'un tel acte a été commis, elle pourra rejeter toute demande en cours ou en attente, et refuser de fournir tout soutien à l'avenir. Pour les employés d'Abbott, un tel acte sera considéré comme une infraction au Code de déontologie d'Abbott (le Code) et pourra donner lieu aux conséquences mentionnées dans ledit Code
- La Fondation pourra effectuer toutes les recherches jugées nécessaires afin de vérifier la véracité des déclarations faites dans le présent formulaire de demande
- Des données personnelles seront fournies à la Fondation sur le territoire des États-Unis. Il est possible que les lois des États-Unis ne garantissent pas le même niveau de protection de la vie privée que les lois de mon pays. Les informations fournies à la Fondation resteront confidentielles, sauf si les lois en vigueur exigent leur divulgation ou si des actes de fraude, de tromperie, ou de dissimulation vis-à-vis des informations figurant dans le formulaire de demande ou obtenues lors de la procédure de demande ont été constatés (ou soupçonnés)
- La Fondation pourra rejeter toute demande de soutien à sa seule et entière discrétion

Signature de l'employé / employé retraité d'Abbott (obligatoire) — Date (Jour/Mois/Année)

2012 May deadline - French - Canada

Formulaire de demande de bourse d'études du programme Clara Abbott 2012

Cette demande concerne uniquement l'année académique à venir. En remplissant ce formulaire de demande, il est entendu que les conditions d'admissibilité suivantes sont remplies:

1 Conditions relatives à l'employé

Employé actif:

- doit avoir cumulé, à la date limite de dépôt des demandes auprès de la Fondation Clara Abbott (la Fondation), au moins deux années de service en tant qu'employé d'Abbott
- doit remplir les conditions requises pour bénéficier des avantages réservés aux employés d'Abbott

Employé en congé d'invalidité longue durée:

- doit avoir cumulé, à la date limite de dépôt des demandes auprès de la Fondation, au moins deux années de service en tant qu'employé d'Abbott
- doit remplir les conditions requises pour bénéficier des avantages réservés aux employés d'Abbott
- doit bénéficier d'une allocation d'Abbott ou du gouvernement

Employé retraité:

- doit être âgé d'au moins 50 ans et avoir cumulé au minimum 10 années de service ininterrompu chez Abbott en date du dernier jour de travail

Les employés contractuels, des distributeurs et les employés temporaires ne sont pas autorisés à déposer une demande.

2 Conditions relatives à l'étudiant demandeur

- Enfant (ou enfant du conjoint) non marié d'un employé / employé retraité d'Abbott
- Âgé de 17 à 24 ans à la date limite de dépôt des demandes auprès de la Fondation de ce formulaire
- Dépose une demande de bourse d'études pour suivre l'une des formations suivantes:
  - Enseignement supérieur (formation de type universitaire ou équivalent)
  - Université
  - École professionnelle
  - École de métiers
- N'est et ne sera titulaire d'aucun diplôme universitaire (ou équivalent) avant le début de l'année académique à venir
- Les bourses d'études ne peuvent pas être consacrées à la poursuite d'une *seconde* formation d'enseignement supérieur, telle qu'une licence ou un diplôme de fin de second cycle ou troisième cycle, comme un Master, un doctorat, etc.

3 Documents requis (doivent être joints au formulaire de demande)

☐ **Joindre la déclaration de revenus annuelle de l'employé d'Abbott lié à l'étudiant (parent ou conjoint du parent) pour l'année écoulée la plus récente.** Les revenus bruts totaux englobent la rémunération salariale, les primes, et les rémunérations au résultat avant déduction. Entourez/traduisez en anglais sur le document : le nom de l'employé, l'année, et le montant des revenus bruts totaux

☐ ***Pour les étudiants déjà bénéficiaires d'une bourse d'études uniquement:*** Si l'étudiant demandeur a bénéficié d'une bourse d'études Clara Abbott pour l'année précédente, joindre le bulletin scolaire* du semestre le plus récent de l'année précédente.

**Le bulletin scolaire doit impérativement renseigner le nom de l'étudiant, le nom de l'institution, le semestre concerné, les cours suivis / notes obtenues.*

La date limite de dépôt des demandes dans votre région est le _____

Des questions ? Contactez le représentant des ressources humaines ou le conseiller de la Fondation Clara Abbott

Section 1 : Informations relatives à l'employé Abbott

Nom

Prénom

Pays — Téléphone

Adresse électronique

Date de naissance — Jour — Mois — Année

Date d'embauche — Jour — Mois — Année

Code de division (sélectionnez une seule proposition) :

☐ ADC ☐ ADD ☐ AH ☐ AI ☑ AM
☐ AMO ☐ AN ☐ APOC ☐ AV ☑ CORP
☐ EPD ☐ GPO ☐ PPD ☐ Autre

Statut d'emploi (sélectionnez une seule proposition) :

☐ Employé actif d'Abbott
L'employé d'Abbott remplit-il les conditions requises pour bénéficier des avantages Abbott ? ☑ Oui ☐ Non
☐ Employé d'Abbott en congé d'invalidité longue durée
Is the Abbott employee eligible to receive Abbott benefits? ☐ Oui ☐ No
☐ Employé retraité d'Abbott
Date de départ en retraite — Jour — Mois — Année
☐ Employé d'Abbott décédé
Dernier jour travaillé — Jour — Mois — Année

Section 2 : Informations relatives à l'étudiant demandeur

Nom

Prénom

Second prénom

Date de naissance — Jour — Mois — Année

Numéro d'identification Clara Abbott de l'étudiant (pour les étudiants déposant une demande pour la première fois, laisser vierge)

C 9

NAS d'étudiant(e)

Adresse électronique

Nom de l'institution

Pays de l'école

Section 3 : Informations relatives aux revenus

Inscrivez la somme des montants des revenus bruts totaux annuels additionnés* de toutes les personnes prenant en charge l'étudiant demandeur >>>	Revenus bruts totaux annuels	Devise
REMARQUE : Vous devez joindre au formulaire de demande la déclaration de revenus annuelle de l'employé d'Abbott lié à l'étudiant (parent ou conjoint du parent) pour l'année écoulée la plus récente		

** Les revenus bruts totaux annuels (avant déduction) englobent les rémunérations salariales, les primes, les rémunérations au résultat, ainsi que les pensions alimentaires perçues pour l'étudiant demandeur. Pour les employés retraités, les revenus totaux englobent le montant total de la retraite, ainsi que tous autres revenus. Joindre le montant des revenus de toutes les personnes prenant en charge l'étudiant demandeur pour l'année écoulée la plus récente:*
Exemple 1: Revenus de la mère + revenus du père = revenus bruts totaux annuels
Exemple 2: Revenus de la mère + revenus du beau-père + autres revenus, p. ex. pension alimentaire = revenus bruts totaux annuels
Exemple 3: Revenus du père + revenus de la belle-mère + autres revenus, p. ex. pension alimentaire = revenus bruts totaux annuels

Inscrivez le nombre de personnes financièrement à charge et vivant sous le même toit que l'employé d'Abbott >>> (Exemple : Employé + conjoint + étudiant demandeur + autre enfant = 4 personnes à charge)	

Section 4 : Signature

En inscrivant mon nom et en signant ci-dessous, j'accepte/comprends que :

- Les informations figurant dans ce formulaire de demande sont complètes et exactes. ***Les demandes incomplètes à la date limite de dépôt des demandes, notamment en raison de documents requis manquants, ne seront pas acceptées.***
- La Fondation ne tolèrera aucun acte de fraude, tromperie, ou dissimulation vis-à-vis des informations figurant dans ce formulaire de demande ou obtenues durant la procédure de demande. Si la Fondation constate qu'un tel acte a été commis, elle pourra rejeter toute demande en cours ou en attente, et refuser de fournir tout soutien à l'avenir. Pour les employés d'Abbott, un tel acte sera considéré comme une infraction au Code de déontologie d'Abbott (le Code) et pourra donner lieu aux conséquences mentionnées dans ledit Code
- La Fondation pourra effectuer toutes les recherches jugées nécessaires afin de vérifier la véracité des déclarations faites dans le présent formulaire de demande
- Des données personnelles seront fournies à la Fondation sur le territoire des États-Unis. Il est possible que les lois des États-Unis ne garantissent pas le même niveau de protection de la vie privée que les lois de mon pays. Les informations fournies à la Fondation resteront confidentielles, sauf si les lois en vigueur exigent leur divulgation ou si des actes de fraude, de tromperie, ou de dissimulation vis-à-vis des informations figurant dans le formulaire de demande ou obtenues lors de la procédure de demande ont été constatés (ou soupçonnés)
- La Fondation pourra rejeter toute demande de soutien à sa seule et entière discrétion

Signature de l'employé / employé retraité d'Abbott (obligatoire) — Date (Jour/Mois/Année)

2013 Sept deadline English

Clara Abbott Foundation
2013 Scholarship Application

This application is for the upcoming school year only.
All questions must be answered. Incomplete or late applications will not be accepted.

By completing this application, I agree that the following eligibility requirements have been met:

1 Employee Requirements

Active Employee
- A minimum of two years of service as an Abbott employee as of The Clara Abbott Foundation's (The Foundation) application deadline date
- Eligible to receive Abbott employee benefits

Extended Disability Employee
- A minimum of two years of service as an Abbott employee as of The Foundation's application deadline date
- Eligible to receive Abbott employee benefits
- Receiving Abbott or government pay

Retired Employee
- At least 50 years of age, with minimum 10 years of continuous Abbott service as of the last day of employment

Contract distributor and temporary employees are not eligible to apply.

2 Student Applicant Requirements

- Unmarried child of [illegible] Abbott employee [illegible]
- 17 – 24 years of age as of the Foundation's application deadline date
- Applying for a scholarship to attend one of the following:
  - College (must qualify for a university or equivalent)
  - University
  - Vocational School
  - Trade School
- Does not have or will not receive university degree (or equivalent) prior to the beginning of the next school year
- Scholarships may not be used toward a student's second Bachelor's degree or advanced degrees such as Master's, Doctorate, Specialist, etc.

3 Documentation Requirements (Copies must be included with application)

- Submit annual income statements for any Abbott employee related to the student (parent or step-parent) from most recent year completed. Gross annual income includes salary, bonus and incentive pay prior to any deductions.

  Circle/translate into English on the document employee name and total gross annual income amount.

- *For Previous Scholarship Recipients Only:*
  If the student applicant received a Clara Abbott scholarship within the past year, submit a school grade report from the most recent school term attended in the past year.

  Report must include: student name, school name, school term, courses taken and grades received.
  Circle/translate these items in the report.

Your local application deadline is _____

Questions? Contact your local HR representative or Clara Abbott Foundation consultant.

1 ABBOTT EMPLOYEE INFORMATION

Last Name

First Name

Country

Phone

Email Address

Birth Date (Day / Month / Year)

Hire Date (Day / Month / Year)

Employment Status

- ☐ Active Abbott Employee
  - If active, is the Abbott employee eligible to receive Abbott benefits? ☐ Yes ☐ No
- ☐ Extended Disability Abbott Employee
  - On extended disability, is the Abbott employee eligible to receive Abbott benefits? ☐ Yes ☐ No
- ☐ Retired Abbott Employee
  - Retirement Date (Day / Month / Year)
- ☐ Deceased Abbott Employee
  - Last Day Worked (Day / Month / Year)

Division (check one) ☐ ADC ☐ ADD ☐ AH ☐ AI ☐ AM ☐ AMO ☐ AN ☐ APOC ☐ AV ☐ Corporate ☐ EPD ☐ GPO ☐ PPD ☐ Other: _____

2 STUDENT APPLICANT INFORMATION

Last Name

First Name

Middle Name

Cell/Mobile Phone

Email Address

Student's Clara Abbott ID # (First-time applicants leave blank)

C0

Birth Date (Day / Month / Year)

School Name for upcoming school year

School Country for upcoming school year

3 INCOME INFORMATION

Enter the amount of combined total gross annual income* for all who support the student applicant >>>

NOTE: Along with your application, you must submit annual income statements for any Abbott employee related to the student (parent/step-parent) from the most recent year completed.

Total Gross Annual Income*	Currency

** Total gross annual income (prior to any deductions) includes salary, bonus, incentive pay and child support received for the student. In the case of retirees, total income includes total pension and all other income. Provide income amount from the most recent year for all who support the student.*

Example 1: Mother income + Father income = Total Gross Annual Income

Example 2 : Mother income + Step-Father income + other support (i.e. child support) = Total Gross Annual Income

Enter the number of dependents living in the same house and financially supported by the Abbott employee >>>

Example: Employee + spouse + student applicant + other child = 4 dependents

Total Dependents

4 SIGNATURE

By signing my name below, I agree/understand that:

- The information on this application is complete and accurate. ***Applications that are incomplete as of the deadline date, including those missing documentation, will not be accepted***
- The Foundation will not tolerate fraud, deceit or concealment with regard to the information on this application or obtained during the application process. If The Foundation determines that any such behaviors have occurred, it may deny any current or pending application, and may not provide future assistance. For Abbott employees, any such behavior is considered a violation of the Abbott Code of Business Conduct (the Code) and may be subject to the consequences as set out in the Code.
- The Foundation may make all inquiries deemed necessary to verify the accuracy of the statements made on this application
- Personal data will be received by The Foundation in the U.S. and the U.S. may not have laws that protect privacy to the same extent as my country's laws. Information provided to The Foundation is kept confidential, except as required by law or in circumstances where fraud, deceit or concealment with regard to information on this application or obtained during the application process has been determined (or suspected).
- The Foundation may decline any request for assistance at its sole and entire discretion.

Abbott Employee/Retiree Signature (Required) _____ Date (Day/Month/Year) _____

2013 Sept. deadline Spanish

Fundación Clara Abbott
Solicitud de becas para el año 2013

Esta solicitud es para el próximo año lectivo únicamente.
Se deben responder todas las preguntas. No se aceptarán solicitudes incompletas o fuera de fecha.

Al completar esta solicitud, confirmo que se han cumplido los siguientes requisitos de elegibilidad:

1 Requisitos de los empleados

Empleado activo

- Tener un mínimo de dos años de servicio como empleado de Abbott para la fecha de cierre de la solicitud ante la Fundación Clara Abbott (la Fundación).
- Ser elegible para recibir beneficios para empleados de Abbott.

Empleado con licencia por discapacidad extendida

- Tener un mínimo de dos años de servicio como empleado de Abbott para la fecha de cierre de la solicitud ante la Fundación.
- Ser elegible para recibir beneficios para empleados de Abbott.
- Recibir pago de Abbott o del gobierno.

Empleado jubilado

- Tener al menos 50 años de edad con un mínimo de 10 años de servicio continuo para Abbott desde el último día de trabajo.

Los contratistas, distribuidores y empleados temporales no pueden solicitar beca.

2 Requisitos del estudiante solicitante

- Ser el hijo o hijastro soltero del empleado / jubilado de Abbott.
- Tener entre 17 y 24 años de edad para la fecha de cierre de solicitudes de la Fundación.
- Solicitar una beca para asistir a una de las siguientes instituciones:
  - » Institución universitaria (debe calificar como universidad o equivalente)
  - » Universidad
  - » Escuela de formación profesional
  - » Escuela de oficios
- No debe tener ni vaya a obtener un título universitario (o equivalente) antes del comienzo del próximo año escolar.
- Las becas no pueden ser utilizadas para que el estudiante obtenga una segunda licenciatura o grados avanzados como maestrías, doctorados, especialidades, etc.

3 Requisitos de documentación (deberán incluirse copias con la solicitud)

- Presentar las declaraciones de ingresos anuales para cualquier empleado de Abbott que tenga relación con el estudiante (padre, madre, padrastro, madrastra) del año escolar completado más recientemente. El total de ingresos brutos anuales del salario, bonificaciones e incentivos, pagos antes de cualquier deducción.

  Marque con un círculo/subraye en el documento: nombre del empleado, año y total de ingresos brutos anuales.
- *Para destinatarios de becas anteriores exclusivamente:*
  Si el estudiante solicitante recibió una beca de Clara Abbott en los últimos 12 meses, deberá presentar un informe de calificaciones del semestre o curso más recientemente en el año anterior.

  ** Los informes deben incluir: nombre del estudiante, nombre de la escuela, grado escolar, cursos completados y calificaciones obtenidas. Asegúrese de incluir el nombre del estudiante en su informe.*

Su fecha límite local de presentación de solicitudes es el _____

¿Preguntas? Póngase en contacto con su representante de RR.HH. local o con el consultor de la Fundación Clara Abbot

1 INFORMACIÓN DEL EMPLEADO DE ABBOTT

Apellido

Nombre

País | Teléfono

Dirección de correo electrónico

Fecha de nacimiento: Día | Mes | Año

Fecha de contratación: Día | Mes | Año

Estado del empleo

☐ Empleado activo de Abbott

Si es activo, ¿el empleado de Abbott califica para recibir beneficios de Abbott? ☐ Sí ☐ No

☐ Empleado de Abbott con licencia por discapacidad extendida

Si está con licencia por discapacidad extendida, ¿el empleado de Abbott califica para recibir beneficios de Abbott? ☐ Sí ☐ No

☐ Empleado jubilado de Abbott

Fecha de jubilación: Día | Mes | Año

☐ Empleado fallecido de Abbott

Último día trabajado: Día | Mes | Año

División (marque una): ☐ ADC ☐ ADD ☐ AH ☐ AI ☐ AM ☐ AMO ☐ AN ☐ APOC ☐ AV ☐ Corporate ☐ EPD ☐ GPO ☐ PPD ☐ Otras: _____

2 INFORMACIÓN DEL ESTUDIANTE SOLICITANTE

Apellido

Nombre

Segundo nombre

Teléfono celular/móvil

Dirección de correo electrónico

N.º de ID de Clara Abbott del estudiante (solicitantes por primera vez, dejar en blanco)

CS

Fecha de nacimiento: Día | Mes | Año

Nombre de la escuela para el próximo año escolar

País de la escuela para el próximo año escolar

3 INFORMACIÓ DE INGRESOS

Ingrese el monto de ingresos bruto anuales totales combinados* de todos los que mantienen al estudiante solicitante >>>

Ingresos brutos anuales totales	Moneda

NOTA: Junto con su solicitud, debe presentar las declaraciones de ingresos anuales para cualquier empleado de Abbott con relación al estudiante (padre, madre, padrastro o madrastra) del año escolar completado más recientemente.

**El ingreso bruto anual total (antes de cualquier deducción) incluye salario, bonificaciones y pagos de incentivos y manutención de hijos recibidos para el estudiante.*

En caso de jubilados, el ingreso total incluye la pensión total y cualquier otro ingreso. Proporcione la cantidad de ingresos del año más reciente de todos aquellos que mantienen al estudiante.

Ejemplo 1: Ingresos de la madre + ingresos del padre = ingresos brutos anuales totales

Ejemplo 2: Ingreso de la madre + ingreso del padrastro + otra aparte (p. ej., manutención de hijos) = ingresos brutos anuales totales

Ingrese la cantidad de dependientes que viven en la misma casa y son mantenidos económicamente por el empleado de Abbott... >>>

Ejemplo: empleado + cónyuge + estudiante solicitante + otro hijo = 4 dependientes

Cantidad total de dependientes

4 FIRMA

Al firmar a continuación, acepto y comprendo que:

- La información en esta solicitud es completa y precisa. ***Las solicitudes incompletas a la fecha límite de entrega, incluidas aquellas en las que falte documentación, no serán aceptadas***
- La Fundación no tolerará estafas, engaños ni ocultamientos relativos a la información incluida en esta solicitud u obtenida durante el proceso de solicitud. Si la Fundación determina que se ha incurrido en cualquiera de dichas conductas, puede negar toda solicitud pendiente o en curso, y no brindar servicios de asistencia en el futuro. Para los empleados de Abbott, cualquiera de esas conductas se considera una violación del Código de conducta comercial (el Código) de Abbott y deberán atenerse a las consecuencias conforme se establece en el Código.
- La Fundación podrá hacer todas las averiguaciones que estime necesarias para verificar la exactitud de las declaraciones hechas en esta solicitud.
- Los datos personales serán recibidos por la Fundación en los EE.UU.; y es posible que los EE.UU. no tengan leyes que protejan mi privacidad al mismo punto que las leyes de mi país. La información que se proporcione a la Fundación se mantiene en forma confidencial a menos que la ley lo requiera, o se determinen (o sospechen) circunstancias de tipo fraudulento, engañoso o de encubrimiento con respecto a la información presente en esta solicitud u obtenida durante el proceso de solicitud.
- La Fundación puede rechazar toda petición de ayuda a su exclusiva y entera discreción.

Firma del empleado / jubilado de Abbott (requerida) | Fecha (día/mes/año)

2013 Sept. Deadline - Portuguese

Fundação Clara Abbott
Inscrição para bolsa de estudos 2013

Esta inscrição é para o próximo ano escolar apenas.
Todas as perguntas devem ser respondidas. Inscrições incompletas ou atrasadas não serão aceitas.

Ao preencher a inscrição, concordo que as seguintes exigências de elegibilidade sejam feitas:

1 Requisitos do funcionário

Funcionário ativo
- Um mínimo de dois anos de serviço como funcionário da Abbott à data do fim do prazo de inscrição da Fundação Clara Abbott (A Fundação)
- Qualificado para receber os benefícios de funcionário da Abbott

Funcionário com deficiência estendida
- Um mínimo de dois anos de serviço como funcionário da Abbott à data do fim do prazo de inscrição da Fundação
- Qualificado para receber os benefícios de funcionário da Abbott
- Recebendo pagamento da Abbott ou do governo

Funcionário aposentado
- Pelo menos 50 anos de idade, com um mínimo de 10 anos de serviço contínuo na Abbott à data do último dia de emprego

Funcionários temporários, distribuidores e não-empregados não são elegíveis para inscrição.

2 Requisitos do candidato estudante

- Filho(a) ou enteado(a) solteiro(a) do funcionário/aposentado da Abbott
- Ter entre 17 e 24 anos de idade à data de fim do prazo de inscrição da Fundação
- Inscrever-se para uma bolsa de estudo para participar do seguinte:
  - Faculdade (deve qualificar-se como universidade ou equivalente)
  - Universidade
  - Escola técnica
  - Escola comercial
- Não deve ter ou nem estar cursando um pós-universitário (ou equivalente) antes do início do próximo ano escolar
- As bolsas de estudo não podem ser usadas para um segundo bacharelado ou pós-graduação, como Mestre, Doutor, Especialista, etc.

3 Requisitos da documentação (cópias devem ser incluídas na inscrição)

- Enviar declarações de renda anual para qualquer funcionário da Abbott que seja família do aluno (pais ou madrastas/padrastos) do último ano concluído. A renda anual bruta total inclui salário, bônus e de incentivos antes de quaisquer deduções.

  Circule/realce para cada declaração o nome do funcionário e o valor da renda bruta anual total.

- *Apenas para beneficiários anteriores de bolsas de estudo*
  Se o candidato estudante recebeu uma bolsa de estudos da Clara Abbott no último ano, envie um relatório das notas escolares do período escolar mais recente (último ano).

  Os relatórios devem incluir nome do aluno, nome da escola, anos realizados e notas recebidas. Qualquer relatório assinado e oficial é aceitável.

Seu prazo de inscrição local é _____
Dúvidas? Entre em contato com seu representante de RH local ou com o consultor da Fundação Clara Abbott.

1 INFORMAÇÕES DO FUNCIONÁRIO DA ABBOTT

Sobrenome

Nome

País | Telefone

Endereço de e-mail

Data de nascimento (Dia / Mês / Ano)

Data de contratação (Dia / Mês / Ano)

Status do funcionário

- ☐ Funcionário ativo da Abbott
  - Se ativo, o funcionário da Abbott é elegível para receber os benefícios da Abbott? ☐ Sim ☐ Não
- ☐ Funcionário da Abbott com incapacitação para o trabalho de longo prazo
  - Em caso de incapacitação para o trabalho de longo prazo, o funcionário da Abbott é elegível para receber os benefícios da Abbott? ☐ Sim ☐ Não
- ☐ Funcionário aposentado da Abbott
  - Data da aposentadoria (Dia / Mês / Ano)
- ☐ Funcionário falecido da Abbott
  - Último dia de trabalho (Dia / Mês / Ano)

Divisão (marque uma): ☐ ADC ☐ ADD ☐ AH ☐ AI ☐ AM ☐ AMO ☐ AN ☐ APOC ☐ AV ☐ Corporate ☐ EPD ☐ GPO ☐ PPD ☐ Outra: _____

2 INFORMAÇÕES DO CANDIDATO ESTUDANTE

Sobrenome

Nome

Nome do meio

Telefone celular

Endereço de e-mail

Número de identificação Clara Abbott do estudante (Inscritos pela primeira vez, favor deixar em branco)

CO

Data de nascimento (Dia / Mês / Ano)

Nome da escola para o próximo ano escolar

País da escola para o próximo ano escolar

3 INFORMAÇÕES DE RENDA

Insira o valor da renda anual bruta combinada* para todos que sustentam o candidato estudante >>>

NOTA: Junto com a inscrição, enviar declarações de renda anuais para qualquer funcionário da Abbott que seja familiar do aluno (pais/madrastas/padrastos) do último ano concluído.

Renda anual bruta total	Moeda

**A renda anual bruta total (antes de quaisquer deduções) inclui salário, bônus, incentivos pagos e pensões alimentícias recebidas para o aluno. No caso de aposentados, a renda total inclui a aposentadoria total e todas as outras rendas. Forneça o valor da renda do ano mais recente para todos que sustentam o aluno.*

Exemplo 1: Renda da mãe + Renda do pai = Renda anual bruta total

Exemplo 2: Renda da mãe + Renda do padrasto + outras pensões (como pensão alimentícia) = Renda anual bruta total

Insira o número de dependentes que vivem na mesma residência e são sustentados financeiramente pelo funcionário da Abbott >>>

Exemplo: Funcionário(a) + cônjuge + candidato estudante + outro filho = 4 dependentes

Total de dependentes

4 ASSINATURA

Ao assinar meu nome abaixo, concordo/entendo que:

- As informações nesta inscrição estão completas e verdadeiras; *inscrições que estiverem incompletas na data do fim do prazo, incluindo aquelas com documentação faltando, não serão aceitas.*
- A Fundação não tolerará fraude, enganos ou omissões com relação às informações nesta inscrição ou às informações obtidas durante o processo de inscrição. Se a Fundação determinar que qualquer um desses comportamentos ocorreu, ela pode negar qualquer inscrição atual ou pendente e não fornecer assistência futura. Para funcionários da Abbott, esses comportamentos são considerados uma violação do Código de Conduta de Negócios da Abbot (o Código) e podem estar sujeitos às consequências definidas no Código.
- A Fundação faz todas as consultas consideradas necessárias para verificar a exatidão das declarações feitas nesta inscrição.
- Dados pessoais serão recebidos pela Fundação nos EUA, e os EUA podem não ter leis que protejam a privacidade na mesma extensão que as leis do país do candidato. Informações fornecidas à Fundação são mantidas confidenciais, exceto conforme exigido por lei ou em circunstâncias em que fraude, engano ou omissão com relação às informações nesta inscrição ou obtidas durante o processo de inscrição tenham sido determinados (ou suspeitados).
- A Fundação pode recusar qualquer solicitação de assistência, a seu critério exclusivo.

Assinatura do funcionário/aposentado da Abbott (obrigatória) | Data (Dia/Mês/Ano)

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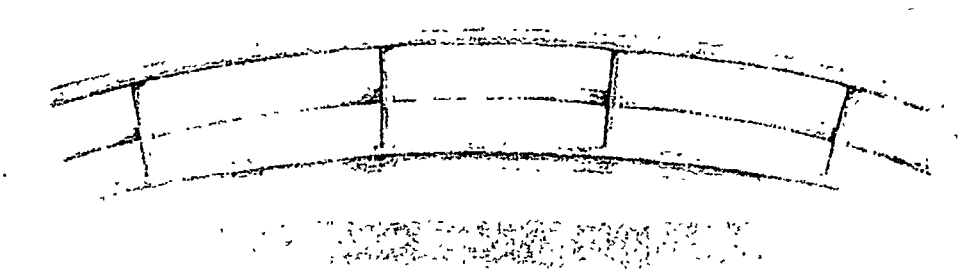
2012 Scholarship Application



2012 Scholarship Application

Scholarship application for Japan and Philippines only

Abbott Employee Information

Enter your home contact information below

First Name

Last Name

Email

Address

City / Town

Prefecture / Province / State

Postal Code

Phone Number

Characters entered 0
Min: Max:

Employee Date of Birth

This information is used to verify eligibility

Month

Day

Year

Employee Hire Date

Month

Day

Year

Employment Status

- (•) Active Abbott Employee
- ( ) Retired Abbott Employee
- ( ) Deceased Abbott Employee
- ( ) Extended Disability Abbott Employee

Save & Continue Editing | Next

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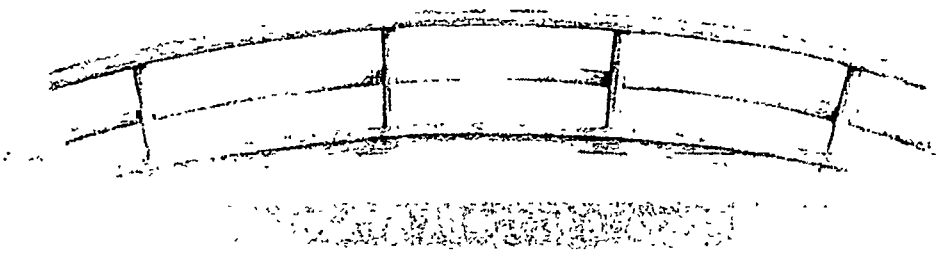
2012 Scholarship Application



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2012 Scholarship Application

Scholarship application for Japan and Philippines only

Employee Last Day Worked

Month

Day

Year

Save & Continue Editing | Back | Next

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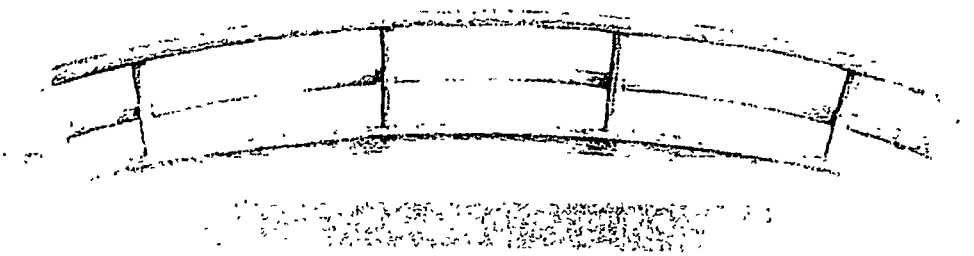
2012 Scholarship Application



2012 Scholarship Application

22%

Scholarship application for Japan and Philippines only

Is the Abbott employee eligible to receive Abbott benefits?

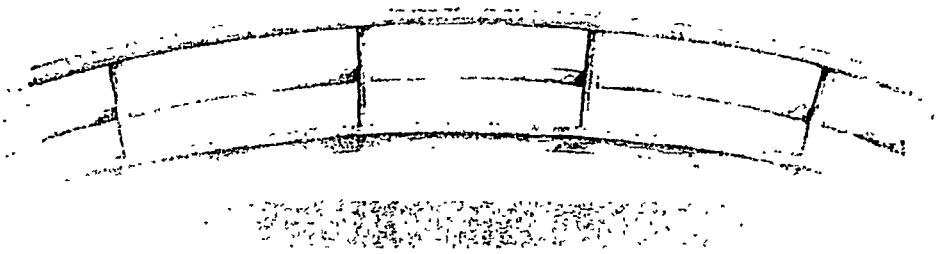
- (•) Yes
- ( ) No

Employee's Abbott division

Save & Continue Editing | Back | Next

Back to Account

2012 Scholarship Application



33%

2012 Scholarship Application

Scholarship application for Japan and Philippines only

Student Applicant Information

First Name / Nombre

Middle Name

Last Name

E-Mail Address

Did this student receive a Clara Abbott Foundation scholarship in the past 12 months?

- (•) Yes
- ( ) No

Student's Clara Abbott ID Number

Refer to your school grade report form provided by your HR representative / Clara Abbott Foundation consultant for the student's Clara Abbott ID number

Student Date of Birth

Month

Day

Year

School Name

Enter the full name of the school you will be attending

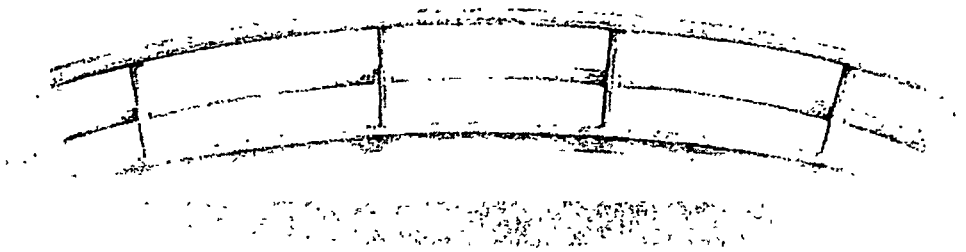
School Country

Select the country where the school you will be attending is located.

Save & Continue Editing | Back | Next

Back to Account

2012 Scholarship Application



2012 Scholarship Application

Scholarship application for Japan and Philippines only

Total Gross Annual Income

Total gross annual income (prior to any deductions) includes salary, bonus, incentive pay and child support received for the student. In the case of retirees, total gross annual income includes total pension and all other income.

- Example 1: Mother income + Father income = total gross annual income
- Example 2: Mother income + Step-Father income + other support (i.e., child support) = total gross annual income
- Example 3: Father income + Step-Mother income + other support (i.e., child support) = total gross annual income

Enter the amount of combined total gross annual income from the most recent year for all who support the student applicant.

Round to the nearest whole number. Do not include commas or decimal points. Example: 100,047.57 = 100048

Total Gross Annual Income

Currency

Active Abbott Employees Related to the Student

Check all correct statements below

- [x] Mother of student is an active Abbott employee
- [x] Father of student is an active Abbott employee
- [ ] Step-Mother of student is an active Abbott employee
- [ ] Step-Father of student is an active Abbott employee
- [x] None of the above statements are correct

2012 Scholarship Application

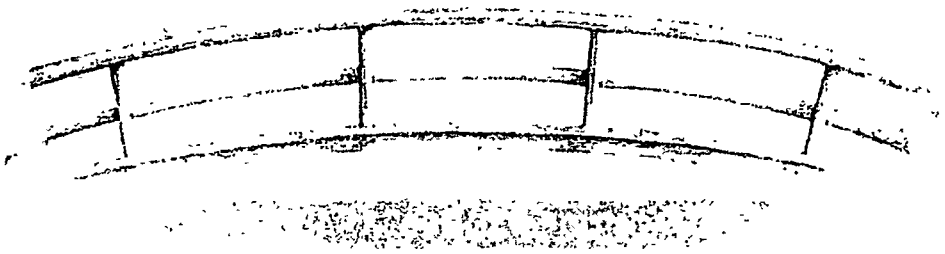
Number of Dependents

Enter the number of dependents living in the same house and financially supported by the Abbott employee
Example: Employee + spouse + student applicant + other child = 4 dependents.

Save & Continue Editing | Back | Next

Back to Account

2012 Scholarship Application



55%

2012 Scholarship Application

Scholarship application for Japan and Philippines only

Income Documents

You must attach an Abbott income statement from the most recent year completed (January 1 - December 31) for each of these employees.

If the document is not in English, key information must be circled and translated:

- Employee name
- Income month / year
- Gross annual income

We accept PDF, JPG, PNG, or TIF files for uploads Review your files prior to uploading to be sure they are legible and complete, and that you've met the translation requirements. Please be sure that your file names do not include spaces, punctuation including apostrophes, or other special characters. File names should accuratey describe the document; for example, 2011AbbottEmployeeIncome.jpg.

Please upload mother's income document:

Upload new file: Choose File No file chosen

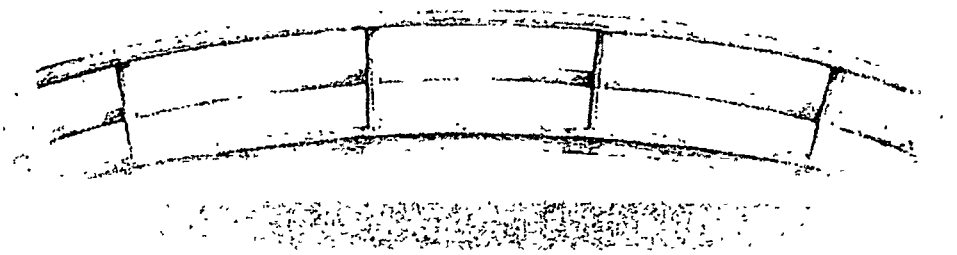
Please upload Father's income document:

Upload new file: Choose File No file chosen

Save & Continue Editing | Back | Next

Back to Account

2012 Scholarship Application



Home

66%

2012 Scholarship Application

Scholarship application for Japan and Philippines only

School Grade Report

Attach a school grade report from the most recent school term attended in the last 12 months.

If the document is not in English, key information must be circled and translated

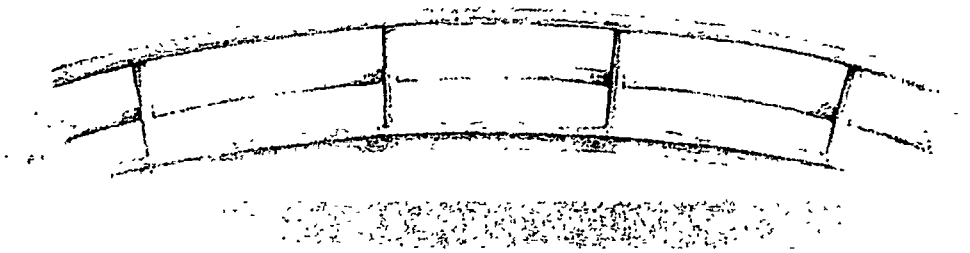
- Student name
- School name
- School term
- Course(s) taken / grade(s) received

We accept PDF, JPG, PNG, or TIF files for uploads. Review your files prior to uploading to be sure they are legible and complete, and that you've met the translation requirements. Please be sure that your file names do not include spaces, punctuation including apostrophes, or other special characters. File names should accurately describe the document; for example, 2011StudentGradesForXXXXXX.jpg

Please upload your school grade report:

Choose File | No file chosen

Save & Continue Editing | Back | Next



Home

77%

2012 Scholarship Application

Scholarship application for Japan and Philippines only

Terms and Conditions

By checking the boxes below, I agree/understand that:

☑ The information on this application is complete and accurate. *Applications that are incomplete as of the deadline date, including those missing documentation, will not be accepted.*

☑ The Foundation will not tolerate fraud, deceit or concealment with regard to the information on this application or obtained during the application process If The Foundation determines that any such behaviors have occurred, it may deny any current or pending application, and may not provide further assistance For Abbott employees, any such behavior is considered a violation of the Abbott Code of Business Conduct (the Code) and may be subject to the consequences as set out in the Code.

☑ The Foundation will make all inquiries deemed necessary to verify the accuracy of the statements made on this application.

☑ Personal data will be received by The Foundation in the U S., and the U S. may not have laws that protect privacy to the same extent as my country's laws. Information provided to The Foundation is kept confidential except as required by law or in circumstances where fraud, deceit or concealment with regard to information on this application or obtained during the application process has been determined (or suspected).

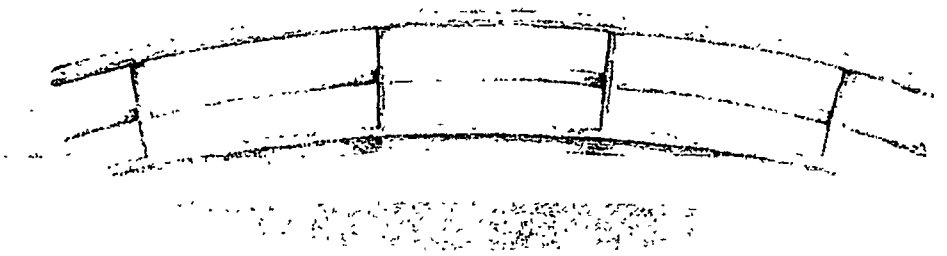
☑ The Foundation may decline any request for assistance at its sole and entire discretion

☑ Yes, I agree with the above terms.

Save & Continue Editing | Back | Next

Back to Account

2012 Scholarship Application / 2012 Solicitud de Beca



2012 Scholarship Application / 2012 Solicitud de Beca

Country:

This application is for Australia, Chile, Colombia, Costa Rica, El Salvador, Guatemala, Honduras, Jamaica, New Zealand, Nicaragua, Panama, Peru, and South America. Other countries must complete a paper-based application. See your HR consultant or Clara Abbott Foundation consultant for deadlines and application procedures.

Esta solicitud es para Australia, Chile, Colombia, Costa Rica, El Salvador, Guatemala, Honduras, Jamaica, Nueva Zelanda, Nicaragua, Panamá, Perú, y América del Sur. Otros países deben llenar una solicitud en papel. Consulte con su asesor de Recursos Humanos o asesor de Clara Abbott Fundación de los plazos y procedimientos de aplicación.

Abbott Employee Information / Abbott Información del Empleado

First Name / Nombre

*Last Name / Apellidos

*Email

*Address / Dirección

*City / Ciudad

State / Estado

Postal Code / Código Postal

*Phone Number / Número de Teléfono

Characters entered: 0
Min: Max: 40

***Employee Date of Birth / Empleado Fecha de Nacimiento**

2012 Scholarship Application / 2012 Solicitud de Beca

This information is used to verify eligibility. / Esta información es utilizada para verificar la elegibilidad.

Month / Mes

Day

Year

***Employee Hire Date**

This information is used to verify eligibility.

Month

Day

Year

***Employee Division**

***Employment Status**

Contract, distributor, and temporary employees are **not** *eligible to apply for a scholarship.*

- Active Abbott Employee
- Extended Disability Abbott Employee
- Retired Abbott Employee
- Deceased Abbott Employee

Active Employees must meet the following requirements to be eligible:

- A minimum of two years of service as an Abbott Employee as of September 15, 2012
- Eligible to receive Abbott employee benefits

Empleados activos deberán cumplir los siguientes requisitos para ser elegibles:

- Un mínimo de dos años de servicio como empleado de Abbott a partir del 15 de septiembre 2012
- Elegible para recibir beneficios de los empleados de Abbott

2012 Scholarship Application / 2012 Solicitud de Beca

***Is the Abbott Employee eligible to receive Abbott benefits?**

- (•) Yes
- ( ) No

Save & Continue Editing | Next

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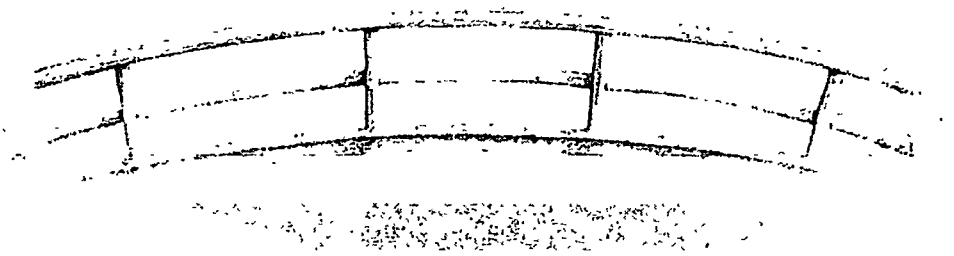
2012 Scholarship Application / 2012 Solicitud de Beca



2012 Scholarship Application / 2012 Solicitud de Beca

Student Applicants must meet the following requirements:

- Unmarried child or step-child of the Abbott employee / retiree
- 17 - 24 years of age as of September 15, 2012
- Applying for a scholarship to attend
  - College (must qualify as a university or equivalent)
  - University
  - Vocational School
  - Trade School
- Does not have or will not receive a university degree (or equivalent) prior to the beginning of the next school year
- Scholarships may not be used toward a student's second Bachelor's degree or toward an advanced degree such as a Master's, Doctorate, Specialist, etc

Student Applicant Information

First Name / Nombre

Middle Name

*Last Name

Email Address

Cell/ Mobile Phone

Characters entered. 0
Min: Max: 40

***Did this student receive a Clara Abbott Foundation scholarship in the last 12 months?**

- (•) Yes
- ( ) No

***Clara Abbott ID Number**

2012 Scholarship Application / 2012 Solicitud de Beca

Refer to your school grade report form provided by your HR representative / Clara Abbott Foundation consultant for the student's Clara Abbott ID number.

***Student Date of Birth**

This information is used to verify eligibility / Esta información es utilizada para verificar la elegibilidad.

Month / Mes

Day

Year

***School Name for Upcoming School Year**

Characters entered: 0
Min. 0 Max: 60

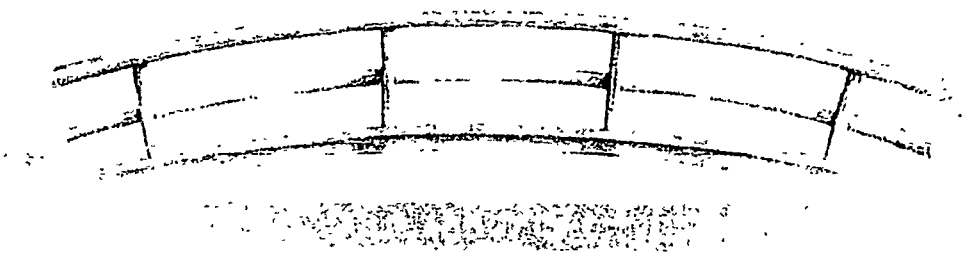
***School Country for Upcoming School Year**

Characters entered. 0
Min. 0 Max: 40

Save & Continue Editing | Back | Next

Back to Account

2012 Scholarship Application / 2012 Solicitud de Beca



2012 Scholarship Application / 2012 Solicitud de Beca

28%

Total Gross Annual Income / Total de Ingreso Bruto Anual

Total gross annual income (prior to any deductions) includes salary, bonus, incentive pay and child support received for the student. Provide income amounts from the most recent year completed.

- Example 1: Mother income + Father income = total gross annual income
- Example 2: Mother income + Step-Father income + other support (i e , child support) = total gross annual income

*Combined Total Gross Annual Income for All who Support the Student Applicant

NOTE: Along with your application, you must submit annual income statements for any Abbott employee related to the student (parent / step-parent) from the most recent year completed.

*Currency

Select the currency for the Total Gross Annual Income

*Active Abbott Employees Related to the Student Applicant

Check all of the below statements that are true

- ☑ Mother of student is an active Abbott employee
- ☑ Father of student is an active Abbott employee
- ☑ Step-Mother of student is an active Abbott employee
- ☑ Step-Father of student is an active Abbott employee
- ☑ None of the above statements are correct

***Number of Dependents**

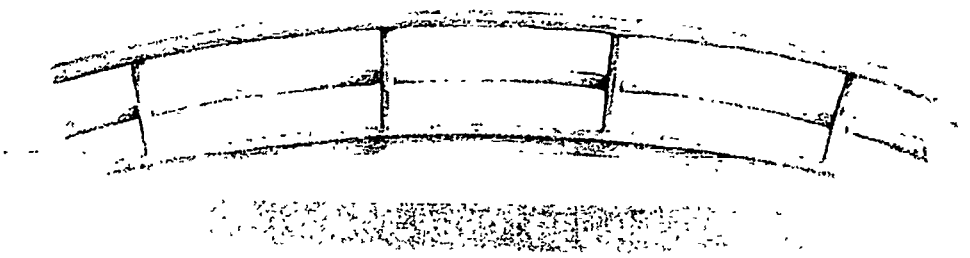
Enter the number of dependents living in the same house and financially-dependent on the Abbott employee.

- Example: Employee + spouse + student applicant + other child = 4 dependents

Save & Continue Editing | Back | Next

Back to Account

2012 Scholarship Application / 2012 Solicitud de Beca



2012 Scholarship Application / 2012 Solicitud de Beca

42%

Income Documents

You must attach an Abbott income statement from the most recent year completed (January 1 - December 31) for each of these employees.

If the document is not in English, key information must be circled and translated.

- Employee name
- Income month / year
- Gross annual income

We accept PDF, JPG, PNG, or TIF files for uploads. Review your files prior to uploading to be sure they are legible and complete, and that you've met the translation requirements. Please be sure that your file names do not include spaces, punctuation including apostrophes, or other special characters File names should accurately describe the document; for example, 2011AbbottEmployeeIncome.jpg.

IMPORTANT NOTE: You must use only English characters A-Z and numbers 0-9 to name files.

***Upload Mother's Income Document**

Upload new file: Choose File No file chosen

***Upload Father's Income Document**

Upload new file: Choose File No file chosen

***Upload Step-Mother's Income Document**

Upload new file: Choose File No file chosen

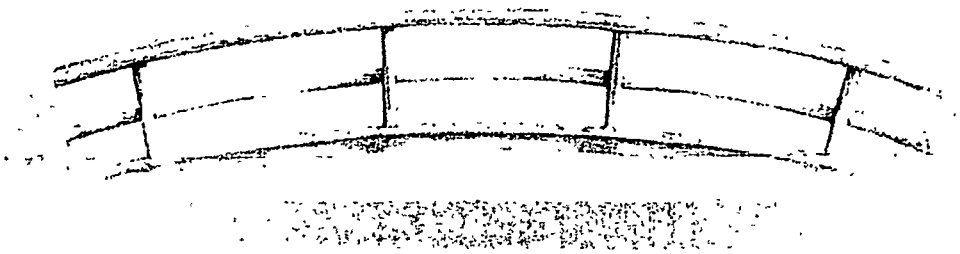
***Upload Step-Father's Income Document**

Upload new file: Choose File No file chosen

Save & Continue Editing | Back | Next

Back to Account

2012 Scholarship Application / 2012 Solicitud de Beca



Help

57%

2012 Scholarship Application / 2012 Solicitud de Beca

School Grade Report Document

Attach a school grade report from the most recent school term attended in the last 12 months.

If the document is not in English, key information must be circled and translated:

- Student name
- School name
- School term
- Course(s) taken / grade(s) received

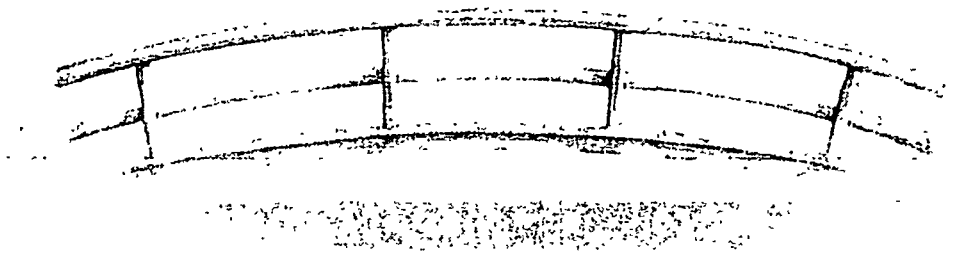
We accept PDF, JPG, PNG, or TIF files for uploads. Review your files prior to uploading to be sure they are legible and complete, and that you've met the translation requirements. Please be sure that your file names do not include spaces, punctuation including apostrophes, or other special characters File names should accurately describe the document; for example, 2011StudentGradesForXXXXXX.jpg.

IMPORTANT NOTE. You must use only English characters A-Z and numbers 0-9 to name files

***Upload School Grade Report Document**

Upload new file: Choose File No file chosen

Save & Continue Editing | Back | Next



2012 Scholarship Application / 2012 Solicitud de Beca

Terms and Conditions

☐

I agree / understand that the information on this application is complete and accurate **Applications that are incomplete as of the deadline date, including those missing documentation, will not be accepted**

Estoy de acuerdo / entendemos que la información en esta solicitud es completa y exacta Las solicitudes que estén incompletas **a partir de la fecha límite, incluidos los que falta documentación, no será aceptada**

☐ I agree / understand that The Foundation will not tolerate fraud, deceit or concealment with regard to the information on this application or obtained during the application process If The Foundation determines that any such behaviors have occurred, it may deny any current or pending application, and may not provide further assistance. For Abbott employees, any such behavior is considered a violation of the Abbott Code of Business Conduct (the Code) and may be subject to the consequences as set out in the Code / *La Fundación no va a tolerar el fraude, el engaño o la ocultación con respecto a la información en esta solicitud u obtenidos durante el proceso de aplicación Si la Fundación determina que cualquier conducta de este tipo se han producido, se podrá denegar cualquier solicitud en curso o pendientes, y no puede proporcionar más ayuda Para los empleados de Abbott, cualquier comportamiento se considera una violación del Código de Conducta Empresarial de Abbott (el Código) y, pueden estar sujetos a las consecuencias establecidos en el Código*

☐ *The Foundation will not tolerate fraud, deceit or concealment with regard to the information on this application or obtained during the application process. If The Foundation determines that any such behaviors have occurred, it may deny any current or pending application, and may not provide further assistance. For Abbott employees, any such behavior is considered a violation of the Abbott Code of Business Conduct (the Code) and may be subject to the consequences as set out in the Code*

☐ *Personal data will be received by The Foundation in the U S. and the U.S. may not have laws that protect privacy to the same extent as my country's laws Information provided to The Foundation is kept confidential except as required by law or in circumstances where fraud, deceit, or concealment with regard to information on this application or obtained during the application process has been determined (or suspected)*

☐ *The Foundation may decline any request for assistance at its sole and entire discretion*

I agree / understand that the information on this application is complete and accurate. Applications that are incomplete as of the deadline date, including those missing documentation, will not be accepted

Estoy de acuerdo / entendemos que la información en esta solicitud es completa y exacta Las solicitudes que estén incompletas a partir de la fecha límite, incluidos los que falta documentación, no será aceptada

○ *Yes*

○ *No*

The information on this application is complete and accurate. Applications that are incomplete as of the deadline date, including those missing documentation, will not be accepted

La información en esta solicitud es completa y exacta. Las solicitudes que estén incompletas a partir de la fecha límite, incluidos los que falta documentación, no será aceptada

2012 Scholarship Application / 2012 Solicitud de Beca

☐ *I agree and understand / Estoy de acuerdo y entiendo que*

The information on this application is complete and accurate. Applications that are incomplete as of the deadline date, including those missing documentation, will not be accepted

La información en esta solicitud es completa y exacta. Las solicitudes que estén incompletas a partir de la fecha límite, incluidos los que falta documentación, no será aceptada

☐ *I agree and understand / Estoy de acuerdo y entiendo que*

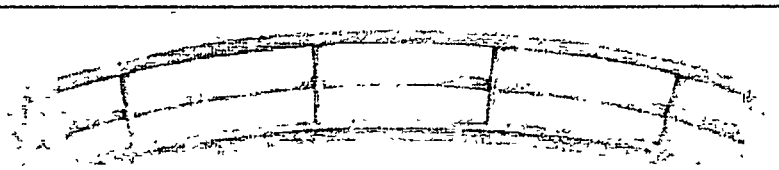
Agreement

☐ *Yes, I agree with the above Terms and Conditions*

Save & Continue Editing | **Back** | **Next**

2012/2013 Application for Review Only

All Applications must be submitted online at http://clara.abbott.com



The Clara Abbott Foundation Scholarship Program 2012

Program Information

Choose your preferred language / Seleccione su idioma prefendo

◉ English / Inglés ○ Spanish / Español

The Clara Abbott Foundation offers need-based, college/university-level scholarships and other resources that can help you give your child opportunities for success

The 2012 program will be accepting applications from March 1 through April 16.

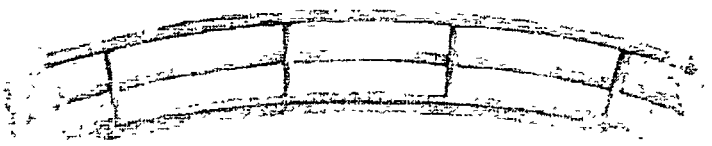
The program is administered by Scholarship Management Services, a division of Scholarship America.

Review guidelines at clara.abbott.com

Create a new account

Log into an existing account

Contact The Clara Abbott Foundation Scholarship Program administrator:
claraabbott@scholarshipamerica.org or 1-866-931-0419
Terms of Use Privacy Policy



The Clara Abbott Foundation Scholarship Program 2012

Registration

I forgot my password

1. Register 2. Verify Your Email 3. Complete Your Profile

Log into my account

New Account Registration

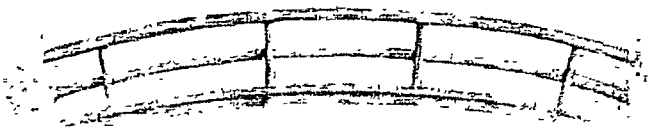
- Step #1 of 3 - Complete the registration form below
- All correspondence will use the name and email address entered below

* All fields on this form are required for successful registration

* First Name	
* Last Name	
* Username	*Please select a username -- it should only contain letters and numbers. Example: cindyloo123who*
* Password	*Please select a case-sensitive password for your account. It must be at least 8 characters long and contain at least one lower case letter, upper case letter, and some other character. No spaces, single quotes, or double quotes are allowed*
* Verify Password	*Please re-type your password for verification*
* Primary Email	*Please enter the primary email to be used for all Clara Abbott Foundation Scholarship website communications. Be sure to use an active email account that accepts bulk mail. Example: foxin@socks.com*
* Verify Primary Email	*Please re-type your email for verification*

Register for an Clara Abbott Foundation Scholarship Website Account

Contact The Clara Abbott Foundation Scholarship Program administrator:
claraabbott@scholarshipamerica.org or 1-866-831-0419
Terms of Use Privacy Policy



The Clara Abbott Foundation Scholarship Program 2012

Application Pages

Registration ID 150997 Return to Student Overview Log Out

▸ **1. Application Pages** *2 Supporting Documents* *3 Review* *4 Confirmation*

- Program Guidelines
- Application Pages
  - Student and School Information
  - Abbott Employee Information
  - Parent Financial Information
  - Certification and Signature
- Supporting Documents
- Review Application
- Save and Log Out

TO USE THIS SITE:
Use the TAB key or mouse to move between fields. Do not use the Back button or Enter/Return keys

Your data is saved as you navigate through the site or click the Save button

The asterisk symbol (*) indicates required information

Use the SEARCH feature to select the postsecondary school you plan to attend for the upcoming academic year. Click on SEARCH then select the state where the school is located and enter a Keyword from the name of the school. For example, you may use "University", "Southern" or "California" as Keywords to find the University of Southern California. Select your school from the resulting list. Click on the school to confirm the selection.

If you are undecided or your enrollment status is unknown select your first preference

Save

*** You must use the SEARCH button to select a school** SEARCH

*** Name of postsecondary school**

*** City**

*** State** – Select One –

*** If a public institution, I will pay**
- ○ In-state resident tuition
- ◉ Out-of-state non-resident tuition
- ○ Residence does not affect my tuition costs

*** Your current cumulative grade point average on a 4.00 scale**
(Must be to 2 decimal places - e.g. 3.50)

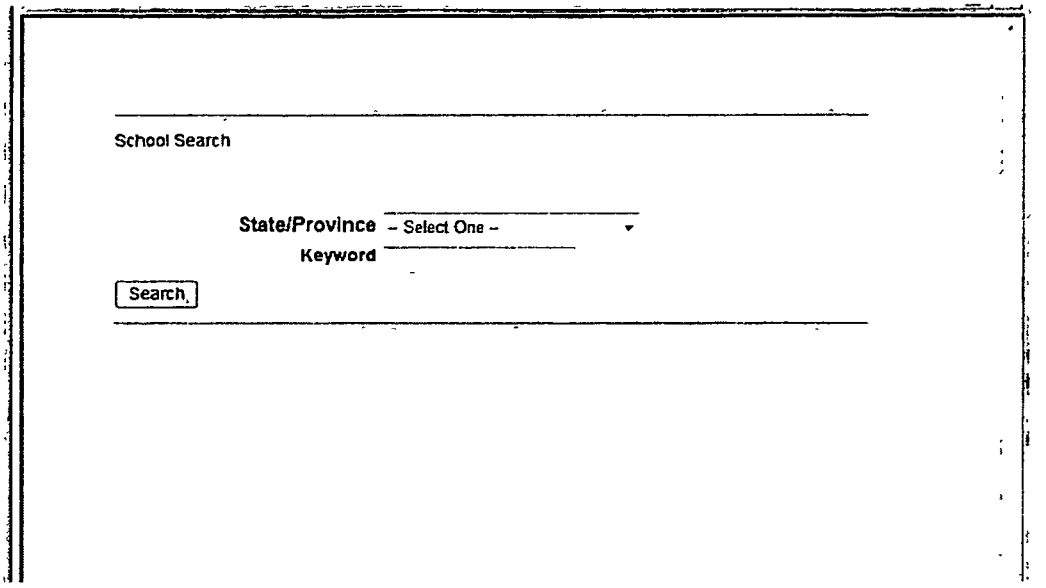
*** Have you, the student, ever applied for a Clara Abbott Foundation scholarship before today?**
- ○ Yes
- ◉ No

*** Have you, the student, previously received or are you currently receiving a Clara Abbott Foundation scholarship?**
- ○ Yes
- ◉ No

The button(s) below automatically save your information as you move between pages.

Save and Go Forward

Contact The Clara Abbott Foundation Scholarship Program administrator:
claraabbott@scholarshipamerica.org or 1-866-931-0419
Terms of Use Privacy Policy

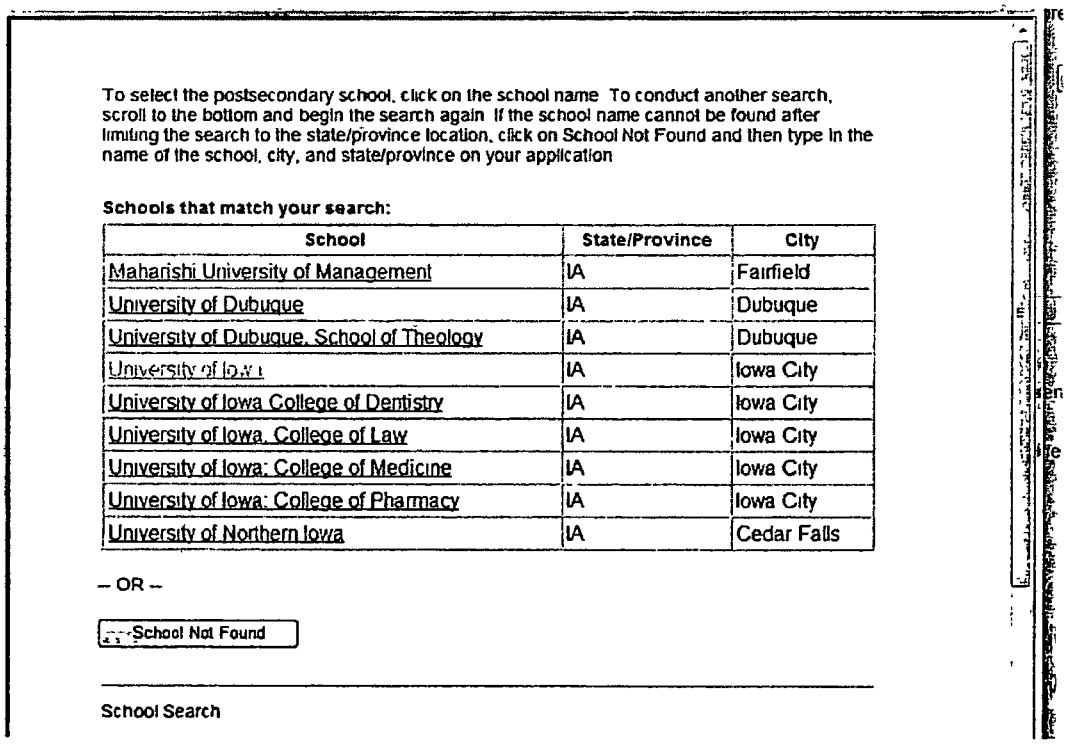


School Search

State/Province – Select One –

Keyword

Search



To select the postsecondary school, click on the school name. To conduct another search, scroll to the bottom and begin the search again. If the school name cannot be found after limiting the search to the state/province location, click on School Not Found and then type in the name of the school, city, and state/province on your application.

Schools that match your search:

School	State/Province	City
Maharishi University of Management	IA	Fairfield
University of Dubuque	IA	Dubuque
University of Dubuque, School of Theology	IA	Dubuque
University of Iowa	IA	Iowa City
University of Iowa College of Dentistry	IA	Iowa City
University of Iowa, College of Law	IA	Iowa City
University of Iowa: College of Medicine	IA	Iowa City
University of Iowa: College of Pharmacy	IA	Iowa City
University of Northern Iowa	IA	Cedar Falls

– OR –

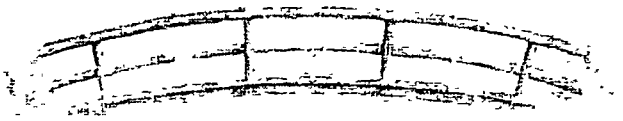
School Not Found

School Search

Verify the school choice. If correct, click on the school name The school will be inserted in your application. If school is not correct, click on Search to conduct another search.

School Name	Address	Phone
University of Iowa	107 Calvin Hall Iowa City,IA 52242	319-335-1447

Search for other schools



The Clara Abbott Foundation Scholarship Program 2012

Application Pages

Registration ID 160997 | Return to Student Overview | Log Out

1. Application Pages | 2 Supporting Documents | 3 Review | 4 Confirmation

- Program Guidelines
- Application Pages
  - Student and School Information
  - Abbott Employee Information
  - Parent Financial Information
  - Certification and Signature
- Supporting Documents
- Review Application
- Save and Log Out

Provide information about the Abbott employee/retiree. Provide the total annual gross income amount for the Abbott employee parents(s) or stepparent(s) from 2011

Save

*** Employee's first name**

Middle initial

*** Last name(s)**
(Employees from PR, please include both last names.)

*** Employee 8-digit UPI**
(Visit the Abbott home website to find your UPI number)

*** Employee date of birth**
(Format: mm/dd/yyyy - example 02/05/2013)

*** Employee phone number**
(Must be a number at which employee can be reached - format: 555-555-5555)

*** Employee email address**
(60 character limit)

*** Employee division** – Select One –

*** Does the student have another parent or stepparent who is an Abbott employee?**
- Yes
- No

If yes, provide that parent's first and last name

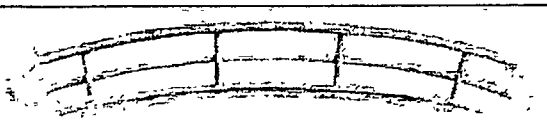
*** Abbott employee #1: total annual gross income**
- Under $50,000
- $50,001 - $83,000
- $83,001 - $115,000

If yes, provide that parent's first and last name

*** Abbott employee #1: total annual gross income**
- Under $50,000
- $50,001 - $83,000
- $83,001 - $115,000
- $115,001 - $136,000
- $136,001 - $157,000
- $157,001 and Over

*** Abbott employee #2: total annual gross income** *(If only one parent or stepparent is an Abbott employee, select Not Applicable)*
- Under $50,000
- $50,001 - $83,000
- $83,001 - $115,000
- $115,001 - $136,000
- $136,001 - $157,000
- $157,001 and Over
- Not Applicable

The button(s) below automatically save your information as you move between pages.



The Clara Abbott Foundation Scholarship Program 2012

Application Pages

Registration ID 150897 — Log Out

1. Application Pages — 2 Supporting Documents — 3 Review — 4 Confirmation

- Program Guidelines
- Application Pages
  - Student and School Information
  - Abbott Employee Information
  - Parent Financial Information
  - Certification and Signature
- Supporting Documents
- Review Application
- Save and Log Out

Who is considered a parent to the student? "Parent" refers to a biological or adoptive parent. Grandparents, foster parents, legal guardians, older siblings, and uncles or aunts are not considered parents on this form unless they have legally adopted you.

In case of divorce or separation, give information about the parent you lived with most in 2011. If you did not live with one parent more than the other, give information about the parent who provided you the most financial support during 2011. If your divorced or widowed parent has remarried, also provide information about the student's stepparent.

Now that you have determined which parent(s) to provide information for, please refer to their 2011 tax return, W2 forms, and other financial documents to complete the questions below. To print instructions to help you complete the questions below, click here for US and click here for Puerto Rico.

Save

* What's your parents' Adjusted Gross Income?
(Adjusted Gross Income is on US IRS Form 1040 - Line 37, 1040A - Line 21, or 1040EZ - line 4 PR Planilla Short Form - Line 4, Planilla Long Form - Line 5)

* What's your parents' Federal or Puerto Rican Tax paid?
(Federal Tax Paid is on US IRS Form 1040 - Line 61, 1040A - Line 35, or 1040EZ - line 10 PR Planilla Short Form - Line 18, Planilla Long Form - Line 30)

* Total income of your father/stepfather
(W2 - box 1 or PR499R/W-2PR - box 1)

* Total income of your mother/stepmother
(W2 - box 1 or PR499R/W-2PR - box 1)

* Parents' untaxed income and benefits (Child Support, Alimony, Social Security, Welfare, etc.)
(If none, enter 0)

* Medical and dental expenses not paid by insurance. Do not include insurance premiums.
(If none, enter 0)

* Total amount of cash, amounts in checking and savings accounts, and cash value of stocks. Do not include retirement plan funds, IRA, 401k.
(If none, enter 0)

* Total number of family members living in the household and primarily supported by the income
(Must be at least one)

* Marital status of the parent(s)
- Married
- Divorced
- Separated
- Widowed
- Single

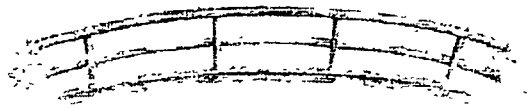
* Total number of family members attending college at least half-time during the 2012-13 school year (include applicant, do NOT include parents)
(Must be at least one)

* State of residence — – Select One –
(State where parents reside and pay income tax)

The button(s) below automatically save your information as you move between pages.

Save and Go Back — Save and Go Forward

Contact The Clara Abbott Foundation Scholarship Program administrator:
claraabbott@scholarshipamerica.org or 1-866-831-0419



The Clara Abbott Foundation Scholarship Program 2012

Application Pages

Registration ID 150997 | Return to Student Overview | Log Out

1 Application Pages | 2 Supporting Documents | 3 Review | 4 Confirmation

- Program Guidelines
- Application Pages
  - Student and School Information
  - Abbott Employee Information
  - Parent Financial Information
  - Confirmation of Scholarship
- Supporting Documents
- Review Application
- Save and Log Out

Please read and respond to each statement below

Sign the application by typing names and dates below then click *Save and Go Forward*
We strongly recommend you print a copy of your completed application from the *Review Application* page. Keep the copy as your record of the information you submitted

By entering my name below, I certify as of April 16, 2012 that.

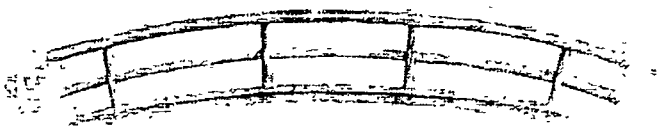
Save

* The information on this application is complete and accurate. Once submitted, this application becomes the property of Scholarship Management Services. Applications that are incomplete as of the deadline date, including those missing documentation, will not be processed	-- Select One --
* I understand all required documentation must be uploaded to my application or postmarked no later than April 16, 2012	-- Select One --
* The student applicant is aware that this application has been completed and signed on their behalf	-- Select One --
* I understand The Foundation will not tolerate fraud, deceit or concealment with regard to the information on this application or obtained during the application process. If The Foundation determines that any such behaviors have occurred, it may deny any current or pending application, and may not provide future assistance. For Abbott employees, any such behavior is considered a violation of the Abbott Code of Business Conduct (the Code) and may be subject to the consequences as set out in the Code	-- Select One --
* The Foundation and/or Scholarship Management Services may make all inquiries deemed necessary to verify the accuracy of the statements made on this application	-- Select One --
* I understand personal data will be received by The Foundation, Scholarship Management Services and their authorized agents. Information provided is kept confidential except as required by law or in circumstances where fraud, deceit or concealment with regard to information on this application or obtained during the application process has been determined (or suspected)	-- Select One --
* The Foundation may decline any request for assistance at its sole and entire discretion	-- Select One --
* The student is between 17 and 24 years of age	-- Select One --
* The student is a dependent child of the Abbott employee *(A dependent child is defined as an unmarried child who is financially supported by and/or living with the Abbott employee.)*	-- Select One --
* The student will be enrolled in undergraduate study during the 2012-13 academic year	-- Select One --
* The student has not earned or will not earn a Bachelor's Degree by September 2012	-- Select One --
* Abbott employee/retiree signature	
* Date *(format: mm/dd/yyyy - example: 02/03/2012)*	

The button(s) below automatically save your information as you move between pages.

Save and Go Back | Save and Go Forward

Contact The Clara Abbott Foundation Scholarship Program administrator:
claraabbott@scholarshipamerica.org or 1-888-931-0419
Terms of Use | Privacy Policy



The Clara Abbott Foundation Scholarship Program 2012

Application Step 3 - Supporting Documents

Registration ID 150997 | Return to Student Overview | Log Out

1 Application Pages ▸ 2. Supporting Documents 3 Review 4 Confirmation

- Program Guidelines
- Application Pages
  - Student and School Information
  - Abbott Employee Information
  - Parent Financial Information
  - Certification and Signature
- Supporting Documents
- Review Application
- Save and Log Out

All applicants are required to submit the applicable listed supporting documents to complete their scholarship application. You may attach an electronic copy of each required document by using the upload tool below **or send your documents via U.S. Mail with a postmark no later than April 16, 2012.** If you fail to submit your application or required documentation, you forfeit your opportunity to receive consideration

1 ***Required For All Applicants***
Copy of the first two pages of the parent* Federal US 1040 tax return or first two pages of the PR planilla from tax year 2011 If you completed Schedule CO of the planilla, you must also submit a copy of that schedule

* *"Parent" refers to a biological or adoptive parent Grandparents, foster parents, legal guardians, older siblings, and uncles or aunts are not considered parents on this form unless they have legally adopted the student.*

In case of divorce or separation, give information about the parent you lived with most in 2011 If the student did not live with one parent more than the other give information about the parent who provided the student the most financial support during 2011 If your divorced or widowed parent has remarried, also provide information about the student's stepparent.

2 ***Required Only For Previous Clara Abbott Foundation Scholarship Recipients***
Submit complete transcript(s) of grades from all colleges, universities, and vocational-technical schools attended

All transcripts must display student name, school name, grade and credit hours earned for each course, and term in which each course was taken Grade reports are not acceptable.

3 ***Required Only For Students Attending A Vocational-Technical School Only***
Submit documentation showing the school cost and accreditation information for the school.

Documents must be uploaded before you hit the ***Lock and Submit*** button to submit your application: Your application must be submitted no later than **April 16, 2012.**

If you are unable to upload the required documents, they may be mailed to:
The Clara Abbott Foundation Scholarship Program
Scholarship Management Services
One Scholarship Way
Saint Peter, MN 56082

Postmark by **April 16, 2012** Write the applicant's name and application ID number on each mailed document.

No faxed or emailed documents will be accepted.

Open and review your uploaded files to be sure they are legible and complete before submitting your application Please be sure that your file names do not include spaces, apostrophes, or other punctuation or special characters. Hyphens are acceptable File names should accurately describe the document, for example: 2011-USC-transcript-JDoe.pdf or 2011-1040-JDoe pdf

After uploading your documents, review your application data and documents, then lock and submit your application.

This site will accept only PDF, JPG, or PNG files for uploads

Add a New Supporting Document

File Type [-- Select One --]

Description [ ]

File [Choose File] No file chosen
Click button to search for and select the file to be uploaded

[Upload Supporting Documentation]

[Go Back] [Continue and Review Application]

Contact The Clara Abbott Foundation Scholarship Program administrator:
clarabbott@scholarshipamerica.org or 1-866-931-0419
Terms of Use Privacy Policy

PRINT THESE INSTRUCTIONS FOR COMPLETING THE CLARA ABBOTT FOUNDATION SCHOLARSHIP PROGRAM - US FINANCIAL DATA SECTION OF THE APPLICATION

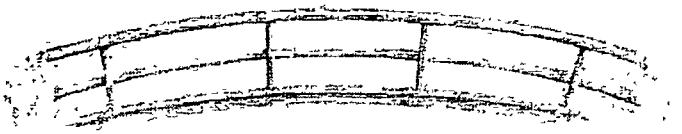
The Financial Data section of the application must reflect the parent's most recently completed and filed tax return from tax year 2011. The applicant is required to mail the first two pages of the parent's most recently completed IRS Form 1040. Social Security numbers may be blanked out prior to sending 1040 information.

Do NOT send actual checking, savings, or investment account statements to Scholarship Management Services.

Enter whole numbers only. Do NOT use commas, decimal places or dollar signs (example: $150.31 should be entered as 150)

1. **Adjusted Gross Income** can be found on line 37 of IRS Form 1040, line 21 of IRS Form 1040A, or line 4 of IRS Form 1040EZ. This amount is gross income reduced by specific adjustments allowed by law.
2. **Total Federal Tax Paid** includes the total amount of federal income tax to be paid as reported on line 61 of IRS Form 1040, line 35 of IRS Form 1040A, or line 10 of IRS Form 1040EZ. This is not the amount withheld from employee's paychecks. (The amount withheld should be adjusted by any refund or additional taxes due) Do not report state income tax
3. **Total Income** of parent(s) should be reported individually. The total of all salaries, wages and tips earned for each parent should be reported. This amount can be found on the W2 form, box 1.
4. **Untaxed Income and Benefits** include any other income or benefits not included in the adjusted gross income figure (i.e. Social Security benefits that are not taxable, alimony, child support received, welfare payments) Do not include untaxed contributions to retirement plans.
5. **Medical and Dental Expenses** include only those expenses not paid by insurance. Do not include premium payments
6. **Total Cash, Checking, Savings, Cash Value of Stocks, etc.**, include liquid assets that can be readily be used for educational expenses. **Do not include** IRA, 401k or other retirement plan funds.
7. **Total Number of Family Members Living in the Household** and supported by the income is usually equal to the Total Number of Exemptions Claimed found on line 6d of IRS Form 1040, line 5 (# of boxes checked) of IRS Form 1040EZ, or line 6d of IRS Form 1040A
8. **Marital Status** is the current status of the parent the student lived with most in 2011.
9. **Of the total number of family members on line 7, number of students attending college** includes family members attending a two- or four-year college, university, or vocational-technical school at least half-time in the 2012-13 academic year. Include the applicant in this number. Do not include parents.
10. **State of Residence** is the state where the parents reside and pay state income tax.

NOTE: Any exceptions to providing financial information as instructed above must be submitted in writing:
The Clara Abbott Foundation Scholarship Program
Scholarship Management Services
One Scholarship Way



The Clara Abbott Foundation Scholarship Program 2012

Application Pages

Registration ID 150997 Return to Student Overview Log Out

▸ **1. Application Pages** *2 Supporting Documents* *3 Review* *4 Confirmation*

- Program Guidelines
- Application Pages
  - Student and School Information
  - Abbott Employee Information
  - Parent Financial Information
  - Certification and Signature
- Supporting Documents
- Review Application
- Save and Log Out

TO USE THIS SITE.
Use the TAB key or mouse to move between fields. Do not use the Back button or Enter/Return keys

Your data is saved as you navigate through the site or click the Save button

The asterisk symbol (*) indicates required information

Use the SEARCH feature to select the postsecondary school you plan to attend for the upcoming academic year. Click on SEARCH, then select the state where the school is located and enter a Keyword from the name of the school. For example, you may use "University", "Southern" or "California" as Keywords to find the University of Southern California. Select your school from the resulting list. Click on the school to confirm the selection.

If you are undecided or your enrollment status is unknown, select your first preference

Save

*** You must use the SEARCH button to select a school** SEARCH

*** Name of postsecondary school** University of Iowa

*** City** Iowa City

*** State** Iowa

*** If a public institution, I will pay**
- ○ In-state resident tuition
- ◉ Out-of-state non-resident tuition
- ○ Residence does not affect my tuition costs

*** Your current cumulative grade point average on a 4.00 scale**
(Must be to 2 decimal places – e.g. 3.30) 3.80

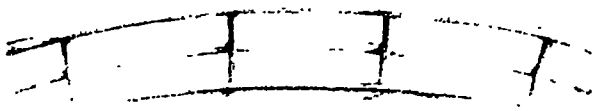
*** Have you, the student, ever applied for a Clara Abbott Foundation scholarship before today?**
- ○ Yes
- ◉ No

*** Have you, the student, previously received or are you currently receiving a Clara Abbott Foundation scholarship?**
- ○ Yes
- ◉ No

The button(s) below automatically save your information as you move between pages

Save and Go Forward

Contact The Clara Abbott Foundation Scholarship Program administrator:
clarеabbott@scholarshipamerica.org or 1-866-931-0419



Programa de Becas de La Fundación Clara Abbott 2012

Información del Programa

Choose your preferred language / Seleccione su idioma prefendo

○ English / Inglés ◉ Spanish / Español

La Fundación Clara Abbott ofrece becas basado en la necesidad financiera, el nivel universitario y otros recursos que pueden ayudarle a proveer oportunidades de éxito a su hijo (a).

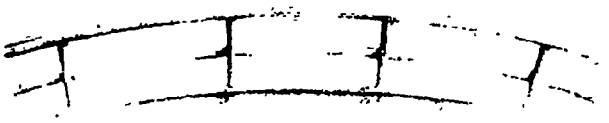
Se aceptarán solicitudes para el programa de 2012 desde el 1 de marzo hasta el 16 de abril.

El programa es administrado por Scholarship Management Services, una división de Scholarship America.

Rever las pautas el en sitio web de clara.abbott.com

Crear una Cuenta Nueva

Conectarse a una cuenta existente



Programa de Becas de La Fundación Clara Abbott 2012

Registración

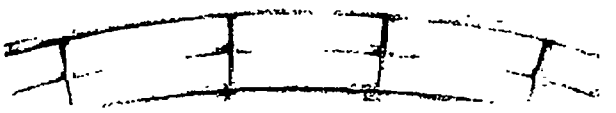
Registración de la Cuenta Nueva

- Paso #1 de 3 - Complete el formulario de la registración abajo
- Toda la correspondencia usará el nombre y dirección de correo electrónico ingresados abajo

* Todos los campos en este formulario son requeridos

* Primer nombre	
* Apellido	
* Nombre de usuario	Por favor ingrese un nombre de usuario - sólo debe contener letras y números. Ejemplo *cindyfoof23who*
* Contraseña	Por favor, seleccione una contraseña para su cuenta entre mayúsculas y minúsculas. Debe tener al menos 6 caracteres y contener al menos una letra minúscula, una letra mayúscula y algún otro carácter. No se permiten espacios, comillas simples o dobles comillas
* Verificar la Contraseña	Por favor ingrese otra vez su contraseña para la verificación.
* Correo electrónico principal	Por favor ingrese el correo electrónico principal que se utilizará para todas las comunicaciones del sitio web del Programa de Becas de La Fundación Clara Abbott. Asegúrese de utilizar una cuenta de correo electrónico activa que acepte correo de bulto.
* Verificar el Correo Electrónico Principal	Por favor ingrese otra vez su correo electrónico para la verificación

Registrarse para una cuenta en el sitio web del Programa de Becas de La Fundación Clara Abbott



Programa de Becas de La Fundación Clara Abbott 2012

Registración

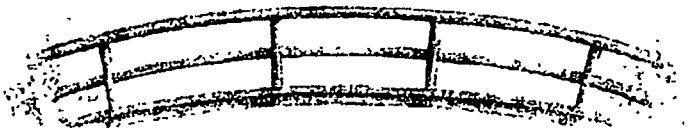
Paso #1 del proceso de la registración está completo.

Su ID de la registración es 158948

Se envió un correo electrónico para verificar su registración de claraabbott@scholarshipamerica.org a la dirección que usted indicó. Por favor agregue esta dirección a su lista de contactos para evitar los filtros antispam actúen en esta cuenta Por favor asegúrese de consultar su buzón de mensajes y buzón de basura para este correo electrónico

Haga clic en el enlace dentro de este correo electrónico para proceder con Paso #2. Una vez verificada, puede conectarse con su cuenta y terminar con Paso #3 al completar su perfil

Por favor cierre esta pestaña o ventana del navegador, el enlace en el correo electrónico de registración lo regresará al sitio web.

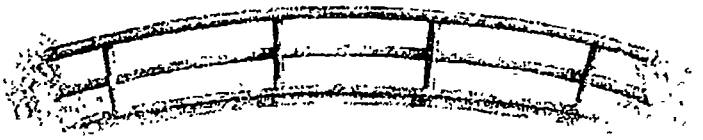


Programa de Becas de La Fundación Clara Abbott 2012

Registración - Verificar el Correo Electrónico

Para completar el paso #2 del proceso de registración, por favor ingrese su correo electrónico y haga clic en 'Verificar el Correo Electrónico'

Ingresar Su Correo Electrónico



Programa de Becas de La Fundación Clara Abbott 2012

Conectarse

Usuario Nuevo

Si usted es nuevo al programa y no ha creado una cuenta, por favor haga clic en el botón "Crear una Cuenta" abajo.

Crear una Cuenta

Usuario Registrado

Si ya se ha registrado, favor de conectarse ingresando su nombre de usuario y contraseña abajo. Si olvidó su nombre de usuario y/o contraseña, por favor haga clic en el enlace 'Ayuda con el Nombre de Usuario y la Contraseña' abajo.

Nombre de Usuario

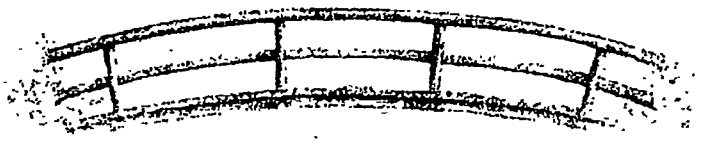
Contraseña

Conectarse

Ayuda con el Nombre de Usuario y la Contraseña

Nota: Se deshabilitan las cuentas después de varios intentos fallidos de conexión

Comuníquese con el administrador del Programa de Becas de La Fundación Clara Abbott:
claraabbott@scholarshipamerica.org o 1-866-931-0419
Términos de Uso Política de Privacidad



Programa de Becas de La Fundación Clara Abbott 2012

Perfil del Estudiante

Completa el Perfil Estudiantil para finalizar su registración Después de completar el perfil abajo, haga clic en "Regresar al Resumen Estudiantil" para conseguir acceso a la solicitud Esta página NO es el formulario de la solicitud.

Nota: Información en está página es para fines estadísticos y comunicación solamente La información del perfil no determina su elegibilidad ni afecta su habilidad de recibir una concesión de beca. Su perfil es confidencial y no será compartido para fines aparte del uso dentro del contexto de las becas afiliadas con El Programa de Becas de La Fundación Clara Abbott.

* Artículos requeridos tienen el símbolo de asterisco rojo

* Idioma preferido
Indique el idioma que se debería usar el sitio web
○ Inglés ◉ Español

* Nombre de Usuario
Su nombre de usuario del programa
[redacted] Actualizar la Contraseña

* Correo Electrónico Principal
Dirección de correo electrónico usada para todas las comunicaciones del sitio web del Programa de Beca de La Fundación Clara Abbott
[redacted] Actualizar el Correo Electrónico Principal

* Nombre Completo del Estudiante
Primer Nombre, Inicial del Segundo Nombre, Apellido
Nadine [redacted] Haglin

* Fecha de nacimiento
Formato "mm/dd/aaaa"

* Dirección
Su dirección postal permanente

Dirección (línea 2)

* Ciudad

* Estado
-- Select one --

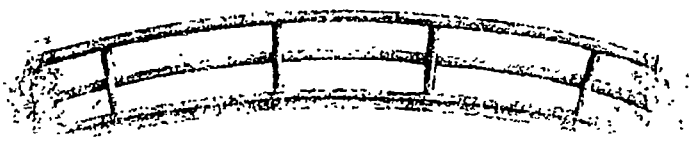
* Código postal

* Teléfono Principal
Formato 555-555-5555
El número principal que se debe utilizar si un administrador necesita localizarle.

* Sexo
○ Femenino ○ Masculino

* Etnia
○ Indígena Americano / Nativo de Alaska
○ Negro / Afroamericano
○ Asiático
○ Nativo de Hawaí / Islas del Pacífico
○ Hispano / Latino
○ Blanco / Caucásico
○ Multirracial
○ No deseo reportar

Guardar Información del Perfil



Programa de Becas de La Fundación Clara Abbott 2012

Resumen Estudiantil

Bienvenidos, Nadine Heglin

Su Solicitud

Empezar con la solicitud

Información del Programa

Pautas del Programa
Instrucciones Financieras - US
Instrucciones Financieras - PR
Cómo Utilizar Este Sitio

Perfil

Actualizar su perfil Actualizar la Contraseña
One Scholarship Way
Saint Peter, MN 56082
111-111-1111
nheglin5@scholarshipamerica org

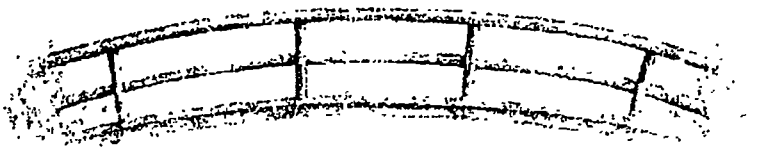
Alfabetismo Financiero De Recursos

Es importante proveer a los estudiantes las herramientas para ayudarlos tomar decisiones fiscalmente responsables Como solicitante de un programa afiliado con Scholarship Management Services tiene la habilidad de conectarse al sitio web abajo en cualquier momento y utilizar los recursos proporcionados dentro del sitio Es una herramienta gratuita para usted mientras está trabajando en la universidad y en su carrera nueva. No hay obligación alguna al utilizar esta herramienta No se realiza un seguimiento de los usuarios y el uso no se considera durante el proceso de solicitar

Alfabetismo Financiero De Recursos

Enlaces útiles

La Fundación Clara Abbott
Sobre Scholarship Management Services



Programa de Becas de La Fundación Clara Abbott 2012

El Uso del Sitio del Portal Estudiantil

Después de crear su cuenta estudiantil y proporcionar la información en su perfil, tendrá acceso a la solicitud y varios enlaces útiles.

Durante el proceso de solicitud, tendrá la habilidad de salir del sitio al hacer clic en los enlaces de *Desconectarse* o *Guardar y Desconectarse* ubicados en el sitio. Toda su información está guardada en el momento de desconectarse.

Para conectarse, debe ingresar el nombre de usuario y la contraseña creados al registrarse para su cuenta estudiantil.

Se puede actualizar la información en su perfil al hacer clic en el enlace *Actualizar su perfil* en la página del Resumen Estudiantil. Se puede realizar cambios a esta información en cualquier momento, aun después de la presentación de su solicitud.

Para asegurar su privacidad, no intente abrir más de una cuenta de solicitud o perfil en su computadora simultáneamente. Debe salir de su perfil, cuenta de solicitud y navegador de web completamente después de desconectarse y antes de empezar a conectarse de nuevo al sitio web del programa de becas.

Se debe completar a todas las páginas del perfil y de la solicitud con campos requeridos en el formato descrito para presentar la solicitud. Se debe utilizar las mayúsculas estándar (Jackie Smith, no jackie smith o JACKIE SMITH) al ingresar los datos.

Favor de notar: Revisar su información con cuidado antes de finalizar y presentar la solicitud. Después de presentar la solicitud, no se puede realizar cambios al contenido de las páginas de la solicitud. Soló se puede actualizar la información en su perfil.

Se debe presentar la solicitud electrónicamente a más tardar **11:59 p.m. (PST) el 16 de abril de 2012**. Estudiantes que no presenten su información en o antes de la fecha límite no tendrán acceso para ver, revisar o presentar la solicitud después del 16 de abril.

Todos los documentos requeridos deben ser subidos antes de presentar la solicitud o deben ser enviados a Scholarship Management Services por correo postal con el matasellos del **16 de abril de 2012** a más tardar. Estudiantes que no envíen todos los documentos requeridos en o antes del 16 de abril (o no suban los documentos antes de presentar la solicitud) se considerarán incompletos y no recibirán evaluación ni consideración en la competencia.

Su estatus, como indicado en el Resumen Estudiantil, podría actualizarse periódicamente mientras se están procesando las solicitudes. Estudiantes que no presenten sus datos de solicitante se considerarán incompletos y no se actualizarán el estatus.

IMPRIMA ESTAS INSTRUCCIONES PARA COMPLETAR LA SECCIÓN DE DATOS FINANCIEROS DE LA SOLICITUD DEL PROGRAMA DE BECAS DE LA FUNDACIÓN CLARA ABBOTT - US

La sección de Datos Financieros de la solicitud debe reflejar la declaración de impuestos de los padres completada y declarada más reciente del año 2011. Se requiere al solicitante enviar una copia de las primeras dos páginas del formulario de impuestos del IRS 1040 de los padres. Se puede tachar los números de seguro social antes de enviar la información del 1040.

NO envíe estados de cuenta de cheques, ahorros ni inversiones a Scholarship Management Services.

Ingrese solamente números enteros No use comas, decimales ni signo de dólares (ejemplo: $150 31 = 150)

1. **Ingreso Bruto Ajustado** se encuentra en la línea 37 del formulario 1040, en la línea 21 del formulario 1040A, o en la línea 4 del formulario 1040EZ. Esta cantidad es el ingreso bruto reducido por ajustes específicos permitidos por la ley.

2. **Total de impuestos federales pagados** incluye la cantidad total de impuestos sobre ingresos **federales** que se pagará según reportado en la línea 61 del formulario 1040, en la línea 35 del formulario 1040A o en la línea 10 del formulario 1040EZ. Esto **NO** es la cantidad retenida del pago salarial del empleado. (La cantidad retenida debe ser ajustada para reflejar cualquier reembolso o impuestos adicionales adeudados.) No es necesario reportar impuestos del estado.

3. **Ingreso total** de los padres debe reportarse individualmente. El total de todos los salarios, ingresos y propinas ganados por cada padre debe reportarse. Esta cantidad se puede encontrar en el formulario W2, caja 1.

4. **Ingresos y beneficios no gravables** incluye cualquier otros ingresos o beneficios no incluidos en la cifra de ingreso bruto ajustado (e j. Los beneficios de Seguro Social no tributables, pensión alimenticia, manutención de hijos recibida, beneficios del bienestar) No incluya las aportaciones antes de impuestos a sus planes de jubilación.

5. **Gastos médicos y dentales** incluye solamente aquellos gastos que no hayan sido cubiertos por algún seguro. No incluya los pagos de las primas.

6. **Total de efectivo, cheques, valor en efectivo de las acciones, etc.** incluye los activos líquidos que puedan ser utilizados para los gastos de educación **No incluya** IRA, 401k u otros fondos del Plan de Jubilación.

7. **Número total de familiares que viven en casa** y se mantiene principalmente de los ingresos es usualmente igual al Número Total de Exenciones Declarados que se encuentra en la línea 6d del formulario 1040, en la línea 5 (# de casillas marcadas) del formulario 1040EZ o en la línea 6d del formulario 1040A.

8. **Estado Civil** es el estado civil del aquél padre/madre con el que el estudiante haya vivido más tiempo en 2011

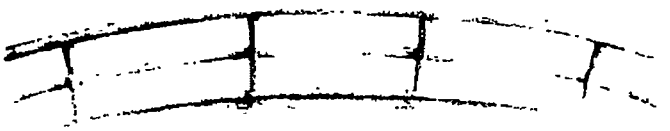
9. **Del número total de familiares reportado en la línea 7, el número de familiares asistiendo a la universidad** incluye los miembros de la familia quienes asisten a un centro universitario de 2 ó 4 años, un colegio universitario, o escuela vocacional/técnica por lo menos medio tiempo en el año académico 2012-13. Asegúrese de incluir el solicitante en este número. No incluya los padres.

10. **Estado de Residencia** es el estado donde los padres residen y pagan impuestos del estado.

Nota: Cualquier excepción de proveer la información financiera de la forma anotada arriba se debe enviar por escrito al:

Programa de Becas de La Fundación Clara Abbott
Scholarship Management Services
One Scholarship Way
Saint Peter, MN 56082 U.S.A.

¿Preguntas? Comuníquese con nosotros:
Correo electrónico: claraabbott@scholarshipamerica.org
Llame: 1-866-931-0419



Programa de Becas de La Fundación Clara Abbott 2012

Páginas de la Solicitud

ID de la Registración 158946 Regresar al Resumen Estudiantil Desconectarse

1. Páginas de la Solicitud *2 Documentos Requeridos* *3 Rever* *4. Confirmación*

Pautas del Programa

Páginas de la Solicitud

- *Información del Estudiante y de la Escuela Postsecundaria*
- Información del Empleado
- Información Financiera de los Padres
- Certificación y Firma

Documentos Requeridos
Rever la Solicitud
Guardar y Desconectarse

PARA UTILIZAR ESTE SITIO:
Utilice la tecla TAB o el ratón para moverse entre los campos. No utilice el botón BACK o las teclas ENTER/RETURN.

Su información está guardada al navegar por el sitio o hacer clic en el botón Guardar.

El símbolo de asterisco (*) indica la información requerida.

Utilice el botón BUSCAR para elegir la escuela postsecundaria a la que planea asistir en el siguiente año académico. Haga clic en BUSCAR, luego seleccione el estado en donde está localizada la escuela e ingrese una palabra clave del nombre de la escuela. Por ejemplo, podría usar "University", "Southern" o "California" como palabras claves para buscar University of Southern California. Seleccione el nombre de la escuela de la lista. Haga clic en el nombre de la escuela para confirmar su selección.

Si no ha decidido a cual escuela asistirá o no se sabe su estado de matrícula, seleccione su primera preferencia.

Guardar

*** Debe utilizar el botón BUSCAR para elegir una escuela** BUSCAR

*** Nombre de la escuela postsecundaria**

*** Ciudad**

*** Estado** – Seleccione Uno –

*** Si es una institución pública, pagaré**
- O matrícula de residente estatal
- O matrícula de fuera del estado
- O mi residencia no afecta el costo de la matrícula

*** Promedio acumulativo (GPA) actual en una escala de 4.00**
(Debe tener puntaje a 2 decimales – e.j. 3.30)

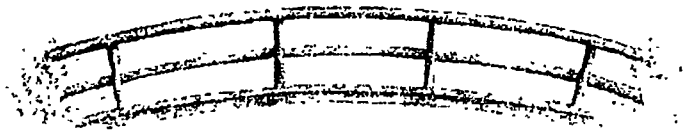
*** ¿Usted, el estudiante, ha solicitado una beca de La Fundación Clara Abbott antes de hoy?** O Sí O No

*** ¿Usted, el estudiante, ha recibido anteriormente o recibe actualmente una beca de La Fundación Clara Abbott?** O Sí O No

Páginas de la Solicitud

El botón/Los botones de abajo guardan automáticamente la información al navegar entre las páginas.

Comuníquese con el administrador del Programa de Becas de La Fundación Clara Abbott
claraabbott@scholarshipamerica.org o 1-866-931-0419
Términos de Uso Política de Privacidad



Programa de Becas de La Fundación Clara Abbott 2012

Páginas de la Solicitud

PARA UTILIZAR ESTE SITIO:
Utilice la tecla TAB o el ratón para moverse entre los campos. No utilice el botón BACK o las teclas ENTER/RETURN

Su información está guardada al navegar por el sitio o hacer clic en el botón Guardar

El símbolo de asterisco (*) indica la información requerida

Utilice el botón BUSCAR para elegir la escuela postsecundaria a la que planea asistir en el siguiente año académico. Haga clic en BUSCAR, luego seleccione el estado en donde está localizada la escuela e ingrese una palabra clave del nombre de la escuela. Por ejemplo, podría usar "University", "Southern" o "California" como palabras claves para buscar University of Southern California. Seleccione el nombre de la escuela de la lista. Haga clic en el nombre de la escuela para confirmar su selección.

Si no ha decidido a cual escuela asistirá o no se sabe su estado de matrícula, seleccione su primera preferencia

* Debe utilizar el botón BUSCAR para elegir una escuela — BUSCAR

* Nombre de la escuela postsecundaria

* Ciudad

* Estado — -- Seleccione Uno --

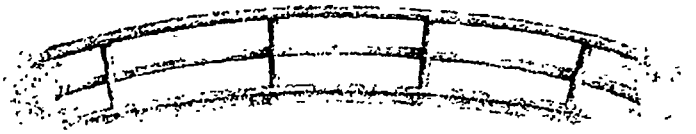
* Si es una institución pública, pagaré
- matrícula de residente estatal
- matrícula de fuera del estado
- mi residencia no afecta el costo de la matrícula

* Promedio acumulativo (GPA) actual en una escala de 4.00 (Debe tener puntaje a 2 decimales – ej. 3.30)

* ¿Usted, el estudiante, ha solicitado una beca de La Fundación Clara Abbott antes de hoy?
- Sí
- No

* ¿Usted, el estudiante, ha recibido anteriormente o recibe actualmente una beca de La Fundación Clara Abbott?
- Sí
- No

El botón/Los botones de abajo guardan automáticamente la información al navegar entre las páginas.



Programa de Becas de La Fundación Clara Abbott 2012

Páginas de la Solicitud

Proporcione información con respecto al empleado/jubilado de Abbott

* Nombre del empleado
Inicial del segundo nombre
* Apellido(s)
(Empleados de PR, favor de incluir ambos apellidos)
* UPI de 8 dígitos del empleado
(Visite el sitio web de Abbott home para encontrar su número de UPI)
* Fecha de nacimiento del empleado
(formato: mm/dd/aaaa - ejemplo 02/05/2012)
* Numero de teléfono del empleado
(Debe ser un número donde se pueda comunicar con el empleado – formato: 555-555-5555)
* Dirección de correo electrónico del empleado
(límite de 60 caracteres)
* División del empleado

-- Seleccione Uno --

* ¿El estudiante tiene otro padre o padrastro empleado de Abbott?

Sí
No

En caso afirmativo, proporcione el nombre y apellido de ese padre

Proporcione el total de ingreso bruto anual para el/los padre(s) o el/los padrastro(s) empleado(s) de Abbott de 2011

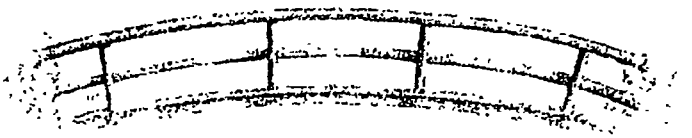
* El total de ingreso bruto anual del empleado de Abbott #1

Menos de $50,000
$50,001 - $83,000
$83,001 - $115,000
$115,001 - $136,000
$136,001 - $157,000
$157,001 o Más

* El total de ingreso bruto anual del empleado de Abbott #2 (Si sólo un padre o padrastro es empleado de Abbott, seleccione No Aplica)

Menos de $50,000
$50,001 - $83,000
$83,001 - $115,000
$115,001 - $136,000
$138,001 - $157,000
$157,001 o Más
No Aplica

El botón/Los botones de abajo guardan automáticamente la información al navegar entre las páginas



Programa de Becas de La Fundación Clara Abbott 2012

Páginas de la Solicitud

¿Quién es considerado un padre al estudiante? "Padre" se refiere a un padre o una madre biológico(a) o adoptivo(a). Abuelos, padres de acogida, tutores legales, hermanos o hermanas mayores, y tíos o tías no se los consideran como padres en este formulario a menos que hayan adoptado a usted legalmente.

En el caso de divorcio o separación, proporcione información sobre aquél padre con quien usted haya vivido más tiempo en 2011. De no vivir más tiempo ni con el uno ni con el otro, proporcione información sobre el que le haya dado más ayuda económica en 2011. Si su padre o madre divorciado o viudo está actualmente casado en segundas nupcias, también proporcione información sobre el padrastro o la madrastra del estudiante.

Ahora que ha determinado a cual padre(s) se debe proporcionar información, por favor refiera a la declaración de impuestos de 2011, el formulario de W2, y otros documentos financieros para completar las preguntas de abajo. Para imprimir instrucciones para ayudar a completar las preguntas de abajo, hagа clic aquí en U.S. y aquí en Puerto Rico.

* ¿Cuánto es el Ingreso Bruto Ajustado de sus padres?
(Ingreso Bruto Ajustado se encuentra en el formulario US 1040 – línea 37, 1040A – línea 21, o 1040EZ – línea 4, PR Forma Corta de la Planilla – línea 4, Forma Larga de la Planilla – línea 5)

* ¿Cuántos son los Impuestos Federales o Impuestos de Puerto Rico pagados de sus padres?
(Impuestos pagados se encuentra en el formulario US 1040 – línea 61, 1040A – línea 35, o 1040EZ – línea 10; PR Forma Corta de la Planilla – línea 12; Forma Larga de la Planilla – línea 22)

* Ingresos totales de su padre/padrastro
(W2 – caja 1 o PR499R/W-2PR – caja 7)

* Ingresos totales de su madre/madrastra
(W2 – caja 1 o PR499R/W-2PR – caja 7)

* Ingresos y beneficios no tributables de sus padres (Manutención de Menores, Pensión Alimenticia, Seguro Social, asistencia social, etc.)
(Si la respuesta es nada, ingrese 0)

* Gastos médicos y dentales no pagados por el seguro. Excluya las primas del seguro.
(Si la respuesta es nada, ingrese 0)

* Total de efectivo, montos en las cuentas corrientes y de ahorros y valor al contado de las acciones. Excluya los fondos de planes de jubilación, las IRA, y los 401k
(Si la respuesta es nada, ingrese 0)

* Numero de familiares que viven en casa y se mantiene principalmente de los ingresos
(Mínimo 1)

* Estado civil de su(s) padre(s)

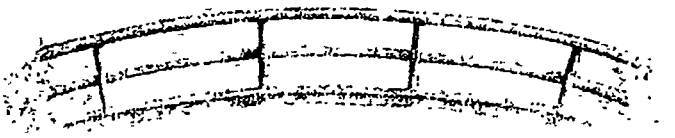
- Soltero(a)
- Casado(a)
- Separado(a) legalmente
- Divorciado(a)
- Viudo(a)

* Número total de familiares que asistirán a la universidad por lo menos media jornada durante el año académico de 2012-13 (incluyendo el solicitante, NO incluyendo los padres)
(Mínimo 1)

* Estado de residencia
(Estado donde los padres residan y pagan impuestos)

– Seleccione Uno –

El botón/Los botones de abajo guardan automáticamente la información al navegar entre las páginas.



Programa de Becas de La Fundación Clara Abbott 2012

Páginas de la Solicitud

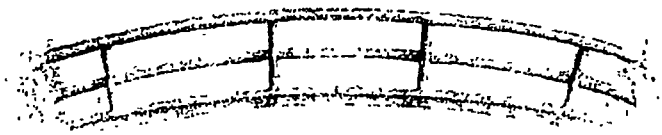
Por favor lea y responda a cada declaración abajo

Firme la solicitud tecleando los nombres y fechas abajo, luego haga clic en *Guardar y Seguir*. Recomendamos que imprima una copia de la solicitud completada de la página de *Revisar la Solicitud*. Mantenga una copia como evidencia de la información proporcionada

Al ingresar mi nombre abajo, certifico que en el 16 de abril de 2012:

* La información proporcionada está completa y es fidedigna. Una vez presentada, la solicitud pasa a ser propiedad de Scholarship Management Services. No se procesarán solicitudes incompletas en la fecha límite, incluyendo esas que faltan documentación	-- Seleccione Uno --
* Entiendo que toda la documentación requerida debe ser subida o enviada por correo postal el 16 de abril de 2012 a más tardar	-- Seleccione Uno --
* El solicitante estudiantil es consciente de que esta solicitud fue completada y firmada en su nombre	-- Seleccione Uno --
* Entiendo que La Fundación no tolerará el fraude, el engaño, ni la ocultación con respecto a la información de la solicitud o obtenido durante el proceso de solicitar. Si La Fundación determina que ha ocurrido tal comportamiento, podría denegar una solicitud actual o pendiente y podría no dar asistencia futura. En lo que respecta a los empleados de Abbott, tal comportamiento se considera una violación del Código de Conducta Empresarial de Abbott (el Código) y estará sujeto a las consecuencias estipuladas en el Código	-- Seleccione Uno --
* La Fundación y/o Scholarship Management Services puede hacer las indagaciones necesarias para verificar la exactitud de las declaraciones hechas en esta solicitud	-- Seleccione Uno --
* Entiendo que La Fundación, Scholarship Management Services y sus agentes recibirán información personal. La información presentada se mantiene confidencial con excepción de lo requerido por la ley o en caso si se determina (o se sospecha) el fraude, el engaño o la ocultación con respecto a la información en esta solicitud o obtenida durante el proceso de solicitar	-- Seleccione Uno --
* La Fundación puede declinar cualquier petición para asistencia a su discreción única y entera	-- Seleccione Uno --
* El estudiante tiene entre 17 y 24 de edad	-- Seleccione Uno --
* El estudiante es un hijo dependiente del empleado de Abbott (Se define un hijo dependiente como un hijo no casado que está mantenido económicamente y/o viviendo con el empleado de Abbott)	-- Seleccione Uno --
* El estudiante se le inscribirá en un curso de estudios subgraduados durante el año académico de 2012-13	-- Seleccione Uno --
* El estudiante no terminó ni terminará su bachillerato antes de septiembre de 2012	-- Seleccione Uno --
* Firma del empleado/jubilado de Abbott	
* Fecha (formato: mm/dd/aaaa - ejemplo 02/05/2012)	

El botón/Los botones de abajo guardan automáticamente la información al navegar entre las páginas.



Programa de Becas de La Fundación Clara Abbott 2012

Paso 3 - Documentos requeridos

Se requiere que todos los solicitantes envíen los documentos aplicables enumerados para completar su solicitud de beca. Puede subir una copia electrónica de cada documento requerido usando la herramienta abajo o puede enviar los documentos por medio del correo postal con matasellos en o antes del 16 de abril de 2012. Si no presenta su solicitud o documentos requeridos, perderá su oportunidad de recibir consideración.

1. ***Requerido Para Todos Los Solicitantes***
   Una copia de las primeras dos páginas del formulario de impuestos del IRS 1040 Federal del padre* o las primeras dos páginas de la planilla de PR del año fiscal de 2011. Si completó el Anejo CO de la planilla, debe enviar una copia del anejo.

   ** "Padre" se refiere a un padre o una madre biológico(a) o adoptivo(a). Abuelos, padres de acogida, tutores legales, hermanos o hermanas mayores, y tíos o tías no se les consideran como padres en este formulario a menos que hayan adoptado al estudiante legalmente.*

   En el caso de divorcio o separación, proporcione información sobre aquél padre con quien usted haya vivido más tiempo en 2011. De no vivir más tiempo ni con el uno ni con el otro, proporcione información sobre el que le haya dado más ayuda económica al estudiante en 2011. Si su padre o madre divorciado o viudo está actualmente casado en segundas nupcias, también proporcione información del padrastro/a madrastra del estudiante.

2. ***Requerido Sólo Para Los Beneficiarios Anteriores del Programa de Becas de La Fundación Clara Abbott***
   Presentar transcripción(es) completas de notas de todos los colegios universitarios, universidades, y escuelas vocacional-técnica asistidos.

   Todas las transcripciones deben demostrar el nombre del estudiante, el nombre de la escuela, las notas y horas de crédito obtenido para cada curso, y el término cuando cada curso fue tomado. No se aceptan Informes o Boletines de Notas.

3. ***Requerido Sólo Para Estudiantes Asistiendo A Una Escuela Vocacional-Técnica***
   Presentar documentación con respecto al costo y la acreditación de la escuela.

Documentos deben ser subidos antes de que haga clic en el botón *Finalizar y Presentar la Solicitud* para presentar su solicitud. Su solicitud debe ser presentada en o antes del 16 de abril de 2012.

Si no tiene la habilidad de subir los documentos requeridos, debe enviarlos por correo postal a.
El Programa de Becas de La Fundación Clara Abbott
Scholarship Management Services
One Scholarship Way
Saint Peter, MN 56082

El matasellos debe indicar el 16 de abril de 2012 o antes. Escriba el nombre del solicitante y la ID de la solicitud en cada documento enviado.

No se aceptarán documentos por fax o por correo electrónico.

Abra y revise los archivos subidos para asegurar que son legibles y completos antes de presentar su solicitud. Favor de verificar que los nombres de los archivos no contienen espacios, apóstrofes, ni otra puntuación o caracteres especiales. Se acepta guiones. Nombres de los archivos debe describir correctamente el documento, por ejemplo. 2011-USC-transcripcion-JDoe.pdf o 2011-planilla-JDoe.pdf.

Después de subir los documentos, revise la información de la solicitud y los documentos, y haga clic en Finalizar y Presentar su Solicitud.

Este sitio sólo se aceptarán los archivos de .JPG, .PNG, y .PDF.

Añadir un Documento Requerido Nuevo

Tipo de Archivo: -- Seleccione Uno --

Descripción:

Archivo: Browse...

Haga clic en el botón para buscar y seleccionar el archivo para estar subido.

Subir Documentación Requerida

Regresar

Seguir y Rever la Solicitud

The Clara Abbott Foundation
Financial Assistance Program
CONFIDENTIAL APPLICATION

STEP 1: CHECK YOUR ELIGIBILITY

☐ I am an active Abbott employee

Hire Date: _____ (Day) _____ (Month) _____ (Year)

☐ I am an Abbott employee on disability

Hire Date. _____ (Day) _____ (Month) _____ (Year)

☐ I am an Abbott retiree

Hire Date: _____ (Day) _____ (Month) _____ (Year) Retired: _____ (Day) _____ (Month) _____ (Year)

☐ I am a surviving spouse/child of an eligible Abbott employee or retiree

Hire Date. _____ (Day) _____ (Month) _____ (Year) Deceased. _____ (Day) _____ (Month) _____ (Year)

STEP 2: COMPLETE ABBOTT EMPLOYEE or RETIREE INFORMATION

First Name: _____ Last Name: _____

Social Security Number. _____ Date of Birth: _____ (Day) _____ (Month) _____ (Year)

Abbott UPI Number: _____

Division

☐ADC ☐ADD ☐AAH ☐AI ☐AM ☐AMO ☐AN ☐APOC

☐AV ☐CORP ☐EPD ☐GPO ☐GPRD ☐PPD ☐Other: _____

Marital Status

☐Single* ☐Married ☐Separated* ☐Domestic Partner

***If Single or Separated, go to Step 4**

STEP 3: COMPLETE SPOUSE/DOMESTIC PARTNER or SURVIVOR INFORMATION

First Name: _____ Last Name: _____

Social Security Number: _____ Date of Birth: _____ (Day) _____ (Month) _____ (Year)

1505 S. WHITE OAK DRIVE, WAUKEGAN, IL 60085 | PHONE 847-937-1090 | TOLL FREE 800-972-3859

STEP 4: COMPLETE CONTACT INFORMATION

Address: _____ City: _____ State: _____

Postal Code: _____ Country: _____

Primary Phone: _____ May we leave a message? ☐ Yes ☐ No

Secondary Phone: _____ May we leave a message? ☐ Yes ☐ No

Primary Email: _____ May we correspond by email? ☐ Yes ☐ No

Secondary Email: _____ May we correspond by email? ☐ Yes ☐ No

STEP 5: COMPLETE DEMOGRAPHICS INFORMATION

List all household members and financial dependents (attach additional page if necessary):

Name	Relationship	Age	In Household		Employed	
	Employee/Retiree		☐ Yes	☐ No	☐ Yes	☐ No
	Spouse/Domestic Partner		☐ Yes	☐ No	☐ Yes	☐ No
			☐ Yes	☐ No	☐ Yes	☐ No
			☐ Yes	☐ No	☐ Yes	☐ No
			☐ Yes	☐ No	☐ Yes	☐ No
			☐ Yes	☐ No	☐ Yes	☐ No
			☐ Yes	☐ No	☐ Yes	☐ No
			☐ Yes	☐ No	☐ Yes	☐ No

STEP 6: COMPLETE DESCRIPTION OF NEED

Amount Requested: _____ Currency: _____

Provide a brief description of your need (attach additional page if necessary):

STEP 7: PROVIDE CERTIFICATION AND SIGNATURE(S)

By typing/signing my name below, I certify and agree to the following by checking all boxes:

- ☐ To the best of my knowledge, the information on this application is complete and correct
- ☐ I grant permission to The Clara Abbott Foundation (The Foundation) to make all inquiries it deems necessary, including, through a credit-reporting agency, verifying the accuracy of the statements made on this application.
- ☐ The Foundation will not tolerate fraud, deceit or concealment with regard to the information on this application or obtained during the consultation process. I understand that if The Foundation determines that any such behaviors have occurred, it may deny any current or pending application, and may not provide future assistance. For Abbott employees, any such behavior is considered a violation of the Abbott Code of Business Conduct (the Code) and may be subject to the consequences as set out in the Code.
- ☐ Information provided to The Foundation is kept confidential except as required by law or in circumstances where fraud, deceit or concealment with regard to information on this application or obtained during the consultation process has been determined (or suspected). Personal data will be received by The Foundation in the U.S. and the U S. may not have laws that protect privacy to the same extent as my country's laws
- ☐ The Foundation may decline any request for assistance at its sole and entire discretion

_____ Date: _____ Day _____ Month _____ Year
Signature of Employee or Retiree

_____ Date. _____ Day _____ Month _____ Year
Signature of Spouse/Domestic Partner or Survivor

STEP 8: SUBMIT APPLICATION AND INCOME DOCUMENTATION

Submit the application with recent income documentation for the Abbott employee or retiree, as well as spouse/domestic partner and/or surviving spouse/child if applicable (e g., pay stub/pay slip, retirement income, disability income, child support income, security/government income, small business income, etc).

You can submit the **application and income documentation** one of the following ways.

E-Mail

Email to:

askclara@abbott.com
(add income documents attachment to email)

Print / Fax

Fax to:

847-938-6511

Print / Mail

Mail to:

The Clara Abbott Foundation
1505 S. White Oak Drive
Waukegan, IL 60085 USA

After submitting and/or printing your application, we recommend that you close your Web browser to protect your personal information

STEP 9: PREPARE FOR CONSULTATION

A Clara Abbott Foundation representative will contact you to review your financial situation. In preparation of your meeting, please gather and organize your bills (e g , rent lease or mortgage statement, utility bills, insurance premiums, credit card statements, unpaid medical and dental bills, etc.). *Having this documentation organized and prepared before your meeting will expedite the financial assessment process.*

Fundación Clara Abbott
Programa de Asistencia Financiera

SOLICITUD CONFIDENCIAL

PASO 1: VERIFIQUE SU ELEGIBILIDAD

☐ Soy empleado activo de Abbott

Fecha de Contratacion: _____ (Día) _____ (Mes) _____ (Año)

☐ Soy empleado de Abbott con licencia por discapacidad

Fecha de Contratacion: _____ (Día) _____ (Mes) _____ (Año)

☐ Soy jubilado de Abbott

Fecha de Contratacion: _____ (Día) _____ (Mes) _____ (Año) Jubilado: _____ (Día) _____ (Mes) _____ (Año)

☐ Soy cónyuge sobreviviente/hijo de un empleado o jubilado elegible de Abbott

Fecha de Contratacion: _____ (Día) _____ (Mes) _____ (Año) Difunto: _____ (Día) _____ (Mes) _____ (Año)

PASO 2: COMPLETE LA INFORMACIÓN DE EMPLEADO O JUBILADO DE ABBOTT

Nombre: _____ Apellido: _____

Número de Seguro Social: _____ Fecha de Nacimiento: _____ (Día) _____ (Mes) _____ (Año)

Número UPI Abbott _____

División

☐ADC ☐ADD ☐AAH ☐AI ☐AM ☐AMO ☐AN ☐APOC

☐AV ☐CORP ☐EPD ☐GPO ☐GPRD ☐PPD ☐Otro. _____

Estado Civil

☐Soltero* ☐Casado ☐Separado(a)* ☐Pareja de Hecho

***If Single or Separated, go to Step 4**

PASO 3: COMPLETE LA INFORMACIÓN DE CÓNYUGE/PAREJA DE HECHO/SOBREVIVIENTE

Nombre: _____ Apellido: _____

Número de Seguro Social: _____ Fecha de Nacimiento: _____ (Día) _____ (Mes) _____ (Año)

1505 S. WHITE OAK DRIVE, WAUKEGAN, IL 60085 | PHONE 847-937-1090 | TOLL FREE 800-972-3859

PASO 4: COMPLETE LA INFORMACIÓN DE CONTACTO

Direccion: _____ Ciudad: _____ Estado: _____

Codigo Postal: _____ Pais. _____

Teléfono Principal. _____ ¿Podemos dejar un mensaje? ☐ Si ☐ No

Teléfono Secundario. _____ ¿Podemos dejar un mensaje? ☐ Si ☐ No

Correo Electrónico Principal: _____ ¿Podemos enviarle correo electrónico? ☐ Si ☐ No

Correo Electrónico Secundario _____ ¿Podemos enviarle correo electrónico? ☐ Si ☐ No

PASO 5: COMPLETE LA INFORMACIÓN DEMOGRÁFICA

Lista de todos los miembros del hogar y dependientes económicos (adjunte una página adicional si es necesario):

Nombre	Relación	Edad	En el Hogar		Empleado	
	Empleado/Jubilado		☐ Si	☐ No	☐ Si	☐ No
	Esposo(a)/Pareja de Hecho		☐ Si	☐ No	☐ Si	☐ No
			☐ Si	☐ No	☐ Si	☐ No
			☐ Si	☐ No	☐ Si	☐ No
			☐ Si	☐ No	☐ Si	☐ No
			☐ Si	☐ No	☐ Si	☐ No
			☐ Si	☐ No	☐ Si	☐ No
			☐ Si	☐ No	☐ Si	☐ No

PASO 6: COMPLETE LA DESCRIPCIÓN DE LA NECESIDAD

Cantidad Solicitada: _____ Divisa: _____

Proporcione una breve descripción de su necesidad (adjunte una página adicional si es necesario):

PASO 7: PROPORCIONE CERTIFICACIÓN Y FIRMA(S)

Al escribir mi nombre/firmar abajo, certifico y acepto las afirmaciones detalladas a continuación marcando todas las casillas.

- ☐ A mi leal saber y entender, la información de esta solicitud está completa y es correcta.
- ☐ Otorgo permiso a la Fundación Clara Abbott (La Fundación) a realizar todas las averiguaciones que considere necesarias, incluida, a través de una agencia de informe crediticio, la verificación de exactitud de las declaraciones realizadas en esta solicitud
- ☐ La Fundación no tolerará estafas, engaños ni ocultamientos relativos a la información incluida en esta solicitud u obtenida durante el proceso de consulta Entiendo que si la Fundación determina que se ha incurrido en cualquiera de dichas conductas, puede negar toda solicitud pendiente o en curso, y no brindar servicios de asistencia en el futuro Para los empleados de Abbott, cualquiera de esas conductas se considera una violación del Código de conducta comercial (el Código) de Abbott y deberán atenerse a las consecuencias conforme se establece en el Código..
- ☐ La información que se proporcione a la Fundación se mantiene en forma confidencial a menos que la ley lo requiera, o se determinen (o sospechen) circunstancias de tipo fraudulento, engañoso o de encubrimiento con respecto a la información presente en esta solicitud u obtenida durante el proceso de consulta. Los datos personales serán recibidos por la Fundación en los EE.UU., y es posible que los EE.UU. no tengan leyes que protejan la privacidad al mismo punto que las leyes de mi país
- ☐ La Fundación puede rechazar toda petición de ayuda a su exclusiva y entera discreción

Firma del Empleado o Jubilado _____ Fecha _____ Día _____ Mes _____ Año

Firma del Cónyuge/Pareja de Hecho o Sobreviviente _____ Fecha: _____ Día _____ Mes _____ Año

PASO 8: ENVÍAR SOLICITUD Y DOCUMENTACIÓN DE INGRESOS

Envíe la solicitud con los documentos de ingresos recientes respecto del empleado o jubilado de Abbott, así como también del cónyuge/pareja de hecho y/o cónyuge sobreviviente/hijo si corresponde (e.g., talón de pago/comprobante de pago, ingreso de jubilado, ingreso por discapacidad, ingreso para manutención de hijos, ingreso del seguro/gobierno, ingreso de un pequeño negocio, etc)

Puede enviar la **solicitud y la documentación de ingresos** a través de una de las siguientes maneras·

Correro Electrónico

Correo elecrónico a:

askclara@abbott.com (agregue los documentos de ingresos en un archivo adjunto en el correro electrónico)

Impreso / Fax

Fax a:

847-938-6511

Impreso / Correo

Correo a:

The Clara Abbott Foundation
1505 S White Oak Drive
Waukegan, IL 60085 USA

Después de la presentación y / o imprimir su solicitud, le recomendamos que cierre su navegador web para proteger su información personal.

PASO 9: PREPÁRESE PARA LA CONSULTA

Un representante de la Fundación Clara Abbott se comunicará con usted para revisar su información financiera. A fin de prepararse para su reunión, reúna y organice sus facturas (p ej , declaración de hipoteca, alquiler con opción de compra, facturas de servicios públicos, primas de seguros, resúmenes de cuenta de tarjetas de crédito, facturas médicas y odontológicas sin pagar, etc). *Tener esta documentación organizada y preparada antes de su reunión acelerará el proceso de evaluación financiera.*

La Fondation Clara Abbott
Programme d'aide financière
DOSSIER CONFIDENTIEL

ÉTAPE 1: VÉRIFIEZ VOTRE ADMISSIBILITÉ

☐ Je suis un(e) employé(e) actif(ve) d'Abbott

Date d'embauche. _____ _____ _____
Jour Mois Année

☐ Je suis un(e) employé(e) d'Abbott en congé d'invalidité

Date d'embauche. _____ _____ _____
Jour Mois Année

☐ Je suis un(e) employé(e) retraité(e) d'Abbott

Date d'embauche: _____ _____ _____ Retraité: _____ _____ _____
Jour Mois Année Jour Mois Année

☐ Je suis le (la) conjoint(e) / l'enfant survivant d'un(e) employé(e) ou retraité(e) d'Abbott admissible

Date d'embauche. _____ _____ _____ Décédé· _____ _____ _____
Jour Mois Année Jour Mois Année

ÉTAPE 2: RENSEIGNEZ LES INFORMATIONS RELATIVES À L'EMPLOYÉ(E) ACTIF(VE) OU RETRAITÉ(E) D'ABBOTT

Prénom: _____ Nom. _____

Numéro de Sécurité Sociale: _____ Date de Naissance: _____ _____ _____
Jour Mois Année

Numéro UPI Abbott. _____

Division

☐ADC ☐ADD ☐AAH ☐AI ☐AM ☐AMO ☐AN ☐APOC

☐AV ☐CORP ☐EPD ☐GPO ☐GPRD ☐PPD ☐Autre: _____

Situation de Famille

☐Célibataire* ☐ Marié ☐Divorcé* ☐Concubin

***Si célibataire ou séparé(e), passez à l'étape 4**

ÉTAPE 3 : RENSEIGNEZ LES INFORMATIONS RELATIVES AU CONJOINT(E)/PARTENAIRE OU SURVIVANT(E)

Prénom: _____ Nom· _____

Numéro de Sécurité Sociale: _____ Date de Naissance _____ _____ _____
Jour Mois Année

ÉTAPE 4 : INDIQUEZ VOS COORDONNÉES

Adresse. _____ Ville. _____ État: _____

Code Postal: _____ Pays. _____

Téléphone Principal: _____ Pouvons-nous laisser un message? ☐ Oui ☐ Non

Téléphone Secondaire. _____ Pouvons-nous laisser un message? ☐ Oui ☐ Non

Adresse Email Principale· _____ Pouvons-nous correspondre par email? ☐ Oui ☐ Non

Adresse Email Secondaire· _____ Pouvons-nous correspondre par email? ☐ Oui ☐ Non

ÉTAPE 5 : RENSEIGNEZ LES INFORMATIONS DÉMOGRAPHIQUES

Dressez la liste de tous les membres du ménage et personnes à charge financièrement (joindre une page supplémentaire si nécessaire):

Nom	Relations	Âge	En ménage		Employé	
	Employé/Retraité		☐ Oui	☐ Non	☐ Oui	☐ Non
	Conjoint(e)/Concubin		☐ Oui	☐ Non	☐ Oui	☐ Non
			☐ Oui	☐ Non	☐ Oui	☐ Non
			☐ Oui	☐ Non	☐ Oui	☐ Non
			☐ Oui	☐ Non	☐ Oui	☐ Non
			☐ Oui	☐ Non	☐ Oui	☐ Non
			☐ Oui	☐ Non	☐ Oui	☐ Non
			☐ Oui	☐ Non	☐ Oui	☐ Non

ÉTAPE 6 : RENSEIGNEZ LA DESCRIPTION DU BESOIN

Quantité requise: _____ Monnaie: _____

Fournissez une brève description de vos besoins (joindre une page supplémentaire si nécessaire):

ÉTAPE 7 : FOURNISSEZ LE CERTIFICAT ET SIGNEZ LE DOCUMENT

En inscrivant/signant mon nom ci-dessous, je certifie et consens à ce qui suit en cochant toutes les cases·

- ☐ À ma connaissance, les informations indiquées dans la présente candidature sont complètes et correctes
- ☐ J'autorise la Fondation Clara Abbott (la Fondation) à effectuer les recherches qu'elle juge nécessaires, notamment par le biais d'une société réalisant des enquêtes sur la solvabilité, afin de vérifier l'exactitude des déclarations effectuées dans la présente candidature
- ☐ La Fondation ne tolère ni les fraudes, ni les falsifications, ni les fausses déclarations relatives aux données indiquées dans la présente candidature ou obtenues au cours du processus de conseil. Je comprends que si la Fondation pense avoir constaté ce type de comportement, elle peut ignorer toute candidature actuelle ou en cours, sans explication supplémentaire. Pour les employés d'Abbott, ce type de comportement est considéré comme une violation du Code de conduite commerciale d'Abbott (le Code) et est susceptible de les soumettre aux conséquences et mesures prévues par ledit Code.
- ☐ Les informations fournies à la Fondation sont maintenues confidentielles sauf si la loi l'exige ou en cas de fraude, de dol, ou de dissimulation avéré ou suspecté concernant les informations fournies dans cette application ou obtenues lors du processus de conseil Les données personnelles seront reçues par la Fondation sur le territoire américain, et les États-Unis peuvent ne pas posséder de loi de protection des données personnelles aussi strictes que celles de mon pays
- ☐ La Fondation peut rejeter toute demande d'assistance, à sa seule et entière discrétion.

_____ Date: _____ _____ _____
Signature de l'employé(e) / du (de la) retraité(e) Jour Mois Année

_____ Date. _____ _____ _____
Signature du (de la) conjoint(e) / partenaire ou survivant(e) Jour Mois Année

ÉTAPE 8 : SOUMETTRE LA CANDIDATURE ET LES JUSTIFICATIFS DE REVENU

Envoyez la candidature et vos justificatifs de revenu les plus récents pour l'employé(e) actif(ve) ou retraité(e) d'Abbott, ainsi que pour le (la) conjoint(e) / partenaire et / ou conjoint(e) / enfant survivant (e) le cas échéant (tels que des bulletins de salaire, des justificatifs de pensions de retraite ou d'invalidité, de pension alimentaire, d'allocations / de rentes, de revenus provenant d'une petite entreprise, etc.).

Vous pouvez soumettre votre **candidature et vos justificatifs de revenu** de l'une des façons suivantes·

E-Mail

Envoyez votre candidature et justificatifs à l'adresse électronique suivante :

askclara@abbott com (joindre les justificatifs de revenu à votre e-mail)

Par Télécopie

Imprimer puis faxer les documents à ce numéro·

847-938-6511

Par Courrier

Imprimer puis envoyer les documents à l'adresse suivante:

The Clara Abbott Foundation
1505 S White Oak Drive
Waukegan, IL 60085 USA

Après la soumission et / ou l'impression de votre application, nous vous recommandons de fermer votre navigateur Web afin de protéger vos renseignements personnels.

ÉTAPE 9 : PRÉPAREZ-VOUS AU PROCESSUS DE CONSEIL

Un représentant de la Fondation Clara Abbott vous contactera pour examiner votre situation financière. Pour vous préparer à cette réunion, rassemblez et organisez vos factures et documents financiers (tels que vos quittances de loyer ou état de compte de prêt hypothécaire, factures d'eau et d'électricité, cotisations d'assurance, relevés de carte de crédit, factures de frais médicaux et dentaires impayées, etc.).
Le fait d'avoir vos documents prêts et en ordre avant votre réunion accélérera le processus d'évaluation financière.

A Fundação Clara Abbott
Programa de Assistência Financeira
CANDIDATURA CONFIDENCIAL

ETAPA 1: VERIFIQUE SUA ELEGIBILIDADE:

☐ Sou um funcionário ativo da Abbott

Data de Contratação: _____ (Dia) _____ (Mês) _____ (Ano)

☐ Sou um funcionário da Abbott aposentado por invalidez

Data de Contratação: _____ (Dia) _____ (Mês) _____ (Ano)

☐ Sou aposentado pela Abbott

Data de Contratação. _____ (Dia) _____ (Mês) _____ (Ano) Aposentado. _____ (Dia) _____ (Mês) _____ (Ano)

☐ Sou um viúvo(a)/filho(a) de um funcionário elegível ou aposentado da Abbott

Data de Contratação: _____ (Dia) _____ (Mês) _____ (Ano) Falecido: _____ (Dia) _____ (Mês) _____ (Ano)

ETAPA 2: PREENCHA AS INFORMAÇÕES SOBRE O FUNCIONÁRIO ou APOSENTADO DA ABBOTT

Nome. _____ Apelido: _____

Número de Segurança Social: _____ Data de Nascimento _____ (Dia) _____ (Mês) _____ (Ano)

Número Abbott UPI: _____

Divisão

☐ADC ☐ADD ☐AAH ☐AI ☐AM ☐AMO ☐AN ☐APOC

☐AV ☐CORP ☐EPD ☐GPO ☐GPRD ☐PPD ☐Outro: _____

Estado Civil

☐Solteiro* ☐Casado ☐Separado* ☐União de Facto

***Se solteiro ou separado, vá para a Etapa 4**

ETAPA 3: PREENCHA AS INFORMAÇÕES SOBRE O VIÚVO(A) ou PARCEIRO(A)/CÔNJUGE

Nome: _____ Apelido: _____

Número de Segurança Social: _____ Data de Nascimento: _____ (Dia) _____ (Mês) _____ (Ano)

1505 S. WHITE OAK DRIVE, WAUKEGAN, IL 60085 | PHONE 847-937-1090 | TOLL FREE 800-972-3859

ETAPA 4: PREENCHA AS INFORMAÇÕES DE CONTATO

Morada: _____ Cidade. _____ Estado: _____

Código Postal· _____ País: _____

Telefone Principal: _____ Podemos deixar uma mensagem? ☐ Sim ☐ Não

Telefone Secundário. _____ Podemos deixar uma mensagem? ☐ Sim ☐ Não

Correio Electrónico Principal· _____ Podemos responder por e-mail? ☐ Sim ☐ Não

Correio Electrónico Secundário _____ Podemos responder por e-mail? ☐ Sim ☐ Não

ETAPA 5: PREENCHA AS INFORMAÇÕES DEMOGRÁFICAS

Lista de todos os membros que habitam na mesma casa ou dependentes económicos (anexe uma página adicional, se for necessário):

Nome	Relação	Idade	Na Habitação		Empregado	
	Funcionário/Aposentado		☐ Sim	☐ Não	☐ Sim	☐ Não
	Esposo(a)/União de Facto		☐ Sim	☐ Não	☐ Sim	☐ Não
			☐ Sim	☐ Não	☐ Sim	☐ Não
			☐ Sim	☐ Não	☐ Sim	☐ Não
			☐ Sim	☐ Não	☐ Sim	☐ Não
			☐ Sim	☐ Não	☐ Sim	☐ Não
			☐ Sim	☐ Não	☐ Sim	☐ Não
			☐ Sim	☐ Não	☐ Sim	☐ Não

ETAPA 6: PREENCHA A DESCRIÇÃO DE NECESSIDADE

Valor Solicitado· _____ Moeda: _____

Apresente uma breve descrição da sua necessidade (anexe uma página adicional, se for necessário).

ETAPA 7: FORNEÇA CERTIFICAÇÃO E ASSINATURA(S)

Ao digitar/assinar meu nome abaixo, eu certifico e concordo com o seguinte, marcando todas as caixas·

- ☐ De acordo com meu conhecimento, as informações apresentadas nesta inscrição estão completas e corretas
- ☐ Concedo permissão à Fundação Clara Abbott (a Fundação) para conduzir todas as averiguações que julgar necessárias, incluindo, através de uma agência de relatório de crédito, a verificação da exatidão das declarações feitas neste formulário
- ☐ A Fundação não tolerará fraude, enganos ou omissões com relação às informações nesta inscrição ou às informações obtidas durante o processo de consulta. Entendo que, se a Fundação determinar que qualquer um desses comportamentos tenha ocorrido, ela poderá negar qualquer inscrição atual ou pendente e não fornecer assistência futura. Para funcionários da Abbott, esses comportamentos são considerados uma violação do Código de Conduta de Negócios da Abbot (O Código) e podem estar sujeitos às consequências definidas no Código
- ☐ Informações fornecidas à Fundação são mantidas confidenciais, exceto conforme exigido por lei ou em circunstâncias em que fraude, engano ou omissão com relação às informações nesta inscrição ou obtidas durante o processo de consulta tenham sido determinados (ou suspeitados) Dados pessoais serão recebidos pela Fundação nos EUA e os EUA podem não ter leis que protejam a privacidade na mesma extensão que as leis do país do candidato
- ☐ A Fundação pode recusar qualquer solicitação de assistência, a seu critério exclusivo

_____ Data· _____ _____ _____
Assinatura do Funcionário ou Aposentado Dia Mês Ano

_____ Data: _____ _____ _____
Assinatura do Cônjuge/Parceiro(a) ou Viúvo(a) Dia Mês Ano

ETAPA 8: ENVIAR INSCRIÇÃO E DOCUMENTAÇÃO DE RENDA

Envie a inscrição com informações de renda recentes do funcionário ou aposentado da Abbott, assim como informações do cônjuge/parceiro(a) e/ou viúvo(a)/filhos, se aplicável (por exemplo, comprovante/canhoto de pagamento, pagamento de aposentadoria, aposentadoria por invalidez, pagamento de pensão, pagamento do governo/INSS, rendas de um pequeno negócio, etc.).

Você deve enviar a **inscrição e a documentação de renda** através de uma das seguintes maneiras.

E-Mail

Envie e-mail para:

askclara@abbott com
(anexe os documentos que
comprovem renda ao e-mail)

Impressos/Fax

Envie o fax para.

847-938-6511

Impressos/Correio

Envie para:

The Clara Abbott Foundation
1505 S. White Oak Drive
Waukegan, IL 60085 USA

Depois de enviar e / ou imprimir o seu aplicativo, recomendamos que você fecha o navegador da Web para proteger suas informações pessoais.

ETAPA 9: PREPARAR PARA A CONSULTA

Um representante da Fundação Clara Abbott entrará em contato com você para analisar sua situação financeira. Em preparação para sua reunião, reúna e organize suas contas (por exemplo, contrato de aluguel ou hipoteca, contas de água, luz e telefone, indenizações de seguro, extratos de cartão de crédito, contas médicas e dentárias não pagas, etc.). *Ter essa documentação organizada e preparada antes de sua reunião agilizará o processo de análise financeira.*

Fondazione Clara Abbott
Programma di Assistenza Finanziaria
RICHIESTA CONFIDENZIALE

FASE 1: IDONEITÀ

☐ Sono un dipendente Abbott in servizio

Data di Assunzione. _____ _____ _____
Giorno Mese Anno

☐ Sono un dipendente Abbott disabile

Data di Assunzione. _____ _____ _____
Giorno Mese Anno

☐ Sono un dipendente Abbott in pensione

Data di Assunzione: _____ _____ _____ Pensionato/a: _____ _____ _____
Giorno Mese Anno Giorno Mese Anno

☐ Sono vedovo/a o orfano/a di un dipendente Abbott idoneo o in pensione

Data di Assunzione. _____ _____ _____ Deceduto/a: _____ _____ _____
Giorno Mese Anno Giorno Mese Anno

FASE 2: INFORMAZIONI SUL DIPENDENTE ABBOTT IN SERVIZIO O IN PENSIONE

Nome· _____ Cognome. _____

Numero di Previdenza Sociale· _____ Data di Nascita: _____ _____ _____
Giorno Mese Anno

Abbott UPI Numero· _____

Divisione

☐ADC ☐ADD ☐AAH ☐AI ☐AM ☐AMO ☐AN ☐APOC

☐AV ☐CORP ☐EPD ☐GPO ☐GPRD ☐PPD ☐Altro: _____

Stato Civile

☐Libero/a* ☐Sposato/a ☐Separato/a* ☐Convivente

***Se celibe/nubile o separato, passare alla fase 4**

FASE 3: INFORMAZIONI SUL CONIUGE/PARTNER O SUL/SULLA VEDOVO/A

Nome: _____ Cognome· _____

Numero di Previdenza Sociale. _____ Data di Nascita: _____ _____ _____
Giorno Mese Anno

FASE 4: INFORMAZIONI DI CONTATTO

Indirizzo: _____ Città: _____ Stato: _____

CAP. _____ Paese. _____

Telefono Principale: _____ Possiamo lasciare un messaggio? ☐ Si ☐ No

Telefono Secondario: _____ Possiamo lasciare un messaggio? ☐ Si ☐ No

E-Mail Principale: _____ Possiamo scriverle via e-mail? ☐ Si ☐ No

E-Mail Secondario: _____ Possiamo scriverle via e-mail? ☐ Si ☐ No

FASE 5: INFORMAZIONI DEMOGRAFICHE

Elenco di tutti i membri del nucleo familiare e delle persone a carico (aggiungere un'altra pagina, se necessario):

Nome	Rapporto	Età	Nel Nucleo Familiare		Lavoratore	
	Dipendente/Pensionato/a		☐ Si	☐ No	☐ Si	☐ No
	Coniuge/Convivente		☐ Si	☐ No	☐ Si	☐ No
			☐ Si	☐ No	☐ Si	☐ No
			☐ Si	☐ No	☐ Si	☐ No
			☐ Si	☐ No	☐ Si	☐ No
			☐ Si	☐ No	☐ Si	☐ No
			☐ Si	☐ No	☐ Si	☐ No
			☐ Si	☐ No	☐ Si	☐ No

FASE 6: DESCRIZIONE DELLE NECESSITÀ

Importo Richiesto: _____ Valuta: _____

Fornire una breve descrizione delle necessità (aggiungere un'altra pagina, se necessario):

FASE 7: DICHIARAZIONE E FIRME

Riportando il mio nome e la mia firma nello spazio sottostante, dichiaro di accettare tutte le clausole seguenti:

- ☐ Sulla base di quanto a me noto, le informazioni fornite in questo modulo sono complete e corrette
- ☐ Autorizzo la The Clara Abbott Foundation (la Fondazione) ad effettuare tutti i controlli ritenuti necessari, anche tramite un'agenzia per la verifica della solvibilità, circa le dichiarazioni riportate in questo modulo
- ☐ La Fondazione non tollererà frodi, truffe o atti falsi relativamente alle informazioni fornite in questo modulo o ottenute durante gli incontri Sono consapevole che qualora la Fondazione rilevi la presenza di tali atti, potrà negare eventuali richieste, sia attuali che in corso, e potrà negare la propria assistenza in futuro Per i dipendenti Abbott, tali atti sono ritenuti una violazione del Codice di Condotta Abbott (il Codice) e possono essere soggetti alle conseguenze previste dal Codice stesso.
- ☐ Le informazioni fornite alla Fondazione vengono tenute riservate, eccetto nei casi previsti dalla legge o in caso di frode, truffa o atto falso, riscontrato o sospetto, relativamente alle informazioni fornite in questo modulo o ottenute durante gli incontri I dati personali vengono trasmessi alla Fondazione negli Stati Uniti e le leggi per la tutela della privacy in vigore negli Stati Uniti potrebbero non avere l'estensione delle leggi in materia nel mio paese
- ☐ La Fondazione può declinare eventuali richieste di assistenza a propria assoluta discrezione.

_____ Data. _____ _____ _____
Firma del Dipendente o del Pensionato/a Giorno Mese Anno

_____ Data: _____ _____ _____
Firma del Coniuge, del Partner o del/Della Vedovo/a Giorno Mese Anno

FASE 8: INVIO DEL MODULO DI RICHIESTA E DELLA DOCUMENTAZIONE SUL REDDITO

Inviare il modulo di richiesta accompagnato da documentazione recente sul reddito del dipendente Abbott in servizio o in pensione, nonché sul reddito del coniuge/partner e/o del/della vedovo/a e del/della figlio/a (se applicabile), ad esempio busta paga o cedolino, dichiarazione dei redditi da pensione da lavoro o di invalidità, assegni familiari o di sostegno per i figli, reddito da impiego pubblico, reddito da piccola impresa ecc.

È possibile inviare il **modulo di richiesta e la relativa documentazione sul reddito** in uno dei modi seguenti:

E-Mail

Inviare un'e-mail a:

askclara@abbott.com (inviare la documentazione sul reddito come allegato)

Stampa / Fax

Inviare un fax a:

847-938-6511

Stampa / Posta

Spedire a:

The Clara Abbott Foundation
1505 S White Oak Drive
Waukegan, IL 60085 USA

Dopo la presentazione e / o la stampa l'applicazione, si consiglia di chiudere il browser Web per proteggere le informazioni personali.

FASE 9: INCONTRO

Un rappresentante della The Clara Abbott Foundation si metterà in contatto con lei per esaminare la sua situazione finanziaria. In preparazione all'incontro, raduni e riordini i conti (ad esempio le bollette delle utenze, le ricevute dell'affitto o del mutuo, i premi assicurativi, gli estratti conto della carta di credito, le spese mediche e odontoiatriche non pagate, ecc.). *Preparando e organizzando questa documentazione prima dell'incontro renderà più rapido il processo di valutazione finanziaria.*

FORM 990-PF DIVIDENDS AND INTEREST FROM SECURITIES STATEMENT 1

SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDENDS	COLUMN (A) AMOUNT
DIVIDEND INCOME	1,585,795.	0.	1,585,795.
INTEREST INCOME	2,035,673.	0.	2,035,673.
TOTAL TO FM 990-PF, PART I, LN 4	3,621,468.	0.	3,621,468.

FORM 990-PF OTHER INCOME STATEMENT 2

DESCRIPTION	(A) REVENUE PER BOOKS	(B) NET INVEST-MENT INCOME	(C) ADJUSTED NET INCOME
CLASSACTION SETTLEMENT	127,627.	127,627.	
OTHER INCOME	10,923.	0.	
TOTAL TO FORM 990-PF, PART I, LINE 11	138,550.	127,627.	

FORM 990-PF ACCOUNTING FEES STATEMENT 3

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST-MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
AUDIT FEE	41,000.	0.		0.
TO FORM 990-PF, PG 1, LN 16B	41,000.	0.		0.

FORM 990-PF OTHER PROFESSIONAL FEES STATEMENT 4

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST-MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
PORTFOLIO MANAGERS FEE	237,348.	542,743.		0.
TO FORM 990-PF, PG 1, LN 16C	237,348.	542,743.		0.

FORM 990-PF TAXES STATEMENT 5

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST-MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
FEDERAL INCOME TAXES	92,000.	0.		0.
FOREIGN TAXES- PASSTHROUGH ENTITIES	0.	54,116.		0.
TO FORM 990-PF, PG 1, LN 18	92,000.	54,116.		0.

FORM 990-PF OTHER EXPENSES STATEMENT 6

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST-MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
INSURANCE EXPENSE	14,972.	0.		14,972.
COMMUNICATION CHARGES	48,078.	0.		48,078.
BANK CHARGES	13,151.	13,151.		0.
LEARNING CENTER PROGRAM	238,899.	0.		245,899.
SCHOLARSHIP PROGRAM	357,726.	0.		357,726.
FINANCIAL ASSISTANCE PROGRAM	899,827.	0.		899,827.
MARKETING EXPENSE	261,750.	0.		261,750.
IT EXPENSE	267,948.	0.		267,948.
ADMINISTRATIVE EXPENSE	617,154.	7,020.		610,134.
OTHER EXPENSES FROM PASSTHROUGH K-1'S	0.	247,932.		0.
TO FORM 990-PF, PG 1, LN 23	2,719,505.	268,103.		2,706,334.

FORM 990-PF CORPORATE STOCK STATEMENT 7

DESCRIPTION	BOOK VALUE	FAIR MARKET VALUE
ABBOTT STOCK	106,218.	51,676,225.
CAPITAL PRESERVATION FUND	294,934.	296,062.
COMMONFUND	161,069,117.	166,742,326.
CAPITAL PRESERVATION FUND - INCOME	0.	0.
TOTAL TO FORM 990-PF, PART II, LINE 10B	161,470,269.	218,714,613.

FORM 990-PF LIST OF SUBSTANTIAL CONTRIBUTORS STATEMENT 8
PART VII-A, LINE 10

NAME OF CONTRIBUTOR	ADDRESS
CAROL WILKINSON KEENAN TRUST	1415 N DEARBORN, APT 24B CHICAGO, IL 60610

FORM 990-PF PART VIII - LIST OF OFFICERS, DIRECTORS TRUSTEES AND FOUNDATION MANAGERS STATEMENT 9

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN-SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
CATHY BABINGTON 1505 WHITE OAK DRIVE WAUKEGAN, IL 60085	DIRECTOR 1.00	0.	0.	0.
BILL CHASE 1505 WHITE OAK DRIVE WAUKEGAN, IL 60085	DIRECTOR 1.00	0.	0.	0.
JAIME CONTRERAS 1505 WHITE OAK DRIVE WAUKEGAN, IL 60085	DIRECTOR 1.00	0.	0.	0.
CHARLES FOLTZ 1505 WHITE OAK DRIVE WAUKEGAN, IL 60085	DIRECTOR 1.00	0.	0.	0.
ROBERT FUNCK 1505 WHITE OAK DRIVE WAUKEGAN, IL 60085	DIRECTOR 1.00	0.	0.	0.
STEPHEN FUSSELL 1505 WHITE OAK DRIVE WAUKEGAN, IL 60085	DIRECTOR 1.00	0.	0.	0.
JOSE IBANEZ 1505 WHITE OAK DRIVE WAUKEGAN, IL 60085	DIRECTOR 1.00	0.	0.	0.
ELAINE LEAVENWORTH 1505 WHITE OAK DRIVE WAUKEGAN, IL 60085	DIRECTOR 1.00	0.	0.	0.

CORLIS MURRAY 1505 WHITE OAK DRIVE WAUKEGAN, IL 60085	DIRECTOR 1.00	0.	0.	0.
JOHN LUSSEN 1505 WHITE OAK DRIVE WAUKEGAN, IL 60085	DIRECTOR 1.00	0.	0.	0.
CHARLES BROCK 1505 WHITE OAK DRIVE WAUKEGAN, IL 60085	DIRECTOR 1.00	0.	0.	0.
LARRY KRAUS 1505 WHITE OAK DRIVE WAUKEGAN, IL 60085	DIRECTOR 1.00	0.	0.	0.
LAURA SCHUMACHER 1505 WHITE OAK DRIVE WAUKEGAN, IL 60085	DIRECTOR 1.00	0.	0.	0.
ROBERT TWEED 1505 WHITE OAK DRIVE WAUKEGAN, IL 60085	SECRETARY 1.00	0.	0.	0.
STAFFORD O'KELLY 1505 WHITE OAK DRIVE WAUKEGAN, IL 60085	PRESIDENT 1.00	0.	0.	0.
GRICE WILLIAMS 1505 WHITE OAK DRIVE WAUKEGAN, IL 60085	DIRECTOR 1.00	0.	0.	0.
DIANE WINNARD 1505 WHITE OAK DRIVE WAUKEGAN, IL 60085	DIRECTOR 1.00	0.	0.	0.
VALENTINE YIEN 1505 WHITE OAK DRIVE WAUKEGAN, IL 60085	DIRECTOR 1.00	0.	0.	0.
KINNAVY, REBECCA 1505 WHITE OAK DRIVE WAUKEGAN, IL 60085	TREASURER 40.00	0.	0.	0.
CHRISTY WISTAR 1505 WHITE OAK DRIVE WAUKEGAN, IL 60085	VICE-PRESIDENT 40.00	0.	0.	0.
WILLIAM PREECE 1505 WHITE OAK DRIVE WAUKEGAN, IL 60085	DIRECTOR 1.00	0.	0.	0.

ABBOTT LABORATORIES *	0.00	553,608.	0.	0.
*PURSUANT TO IRS ANNOUNCEMENT 2001-33	0.00	0.	0.	0.
TOTALS INCLUDED ON 990-PF, PAGE 6, PART VIII		553,608.	0.	0.

FORM 990-PF SUMMARY OF DIRECT CHARITABLE ACTIVITIES STATEMENT 10

ACTIVITY ONE

THE FOUNDATION PROVIDES NEED-BASED EDUCATIONAL GRANTS TO HELP THE DEPENDENT CHILDREN OF ABBOTT EMPLOYEES AND RETIREES ATTEND ACCREDITED COLLEGES OR UNIVERSITIES, COMMUNITY COLLEGES, VOCATIONAL AND TRADE SCHOOLS. DURING THE YEAR, 1,229 GRANTS WERE AWARDED WORLDWIDE.

	EXPENSES
TO FORM 990-PF, PART IX-A, LINE 1	357,726.

FORM 990-PF SUMMARY OF DIRECT CHARITABLE ACTIVITIES STATEMENT 11

ACTIVITY TWO

THE FOUNDATION PROVIDES NEED-BASED FINANCIAL GRANTS TO ASSIST ELIGIBLE ABBOTT EMPLOYEES AND RETIREES WHO ARE EXPERIENCING SEVERE FINANCIAL HARDSHIP. DURING THE YEAR, 812 AWARDS WERE ISSUED WORLDWIDE.

	EXPENSES
TO FORM 990-PF, PART IX-A, LINE 2	1,961,938.

FORM 990-PF CASH DEEMED CHARITABLE EXPLANATION STATEMENT STATEMENT 12
PART X, LINE 4

PART X - LINE 4 MINIMUM INVESTMENT RETURN THE CLARA ABBOTT FOUNDATION CHOOSES TO USE THE AMOUNT OF ADMINISTRATIVE EXPENSES AND DISBURSEMENTS, AS SHOWN IN PART I LINE 26D OF THE RETURN, AS THE EXCLUDED CASH BALANCE AMOUNT OF THE MINIMUM INVESTMENT RETURN DUE TO THE HIGH EXPENSES AND DISTRIBUTIONS.

Form **8868**
(Rev. January 2013)
Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return.

OMB No. 1545-1709

- If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box ▶ [X]
- If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing *(e-file)*. You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/efile* and click on *e-file for Charities & Nonprofits.*

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only ▶ [ ]

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print	Name of exempt organization or other filer, see instructions.	Employer identification number (EIN) or
File by the due date for filing your return. See instructions.	CLARA ABBOTT FOUNDATION	36-6069632
	Number, street, and room or suite no. If a P.O. box, see instructions. 1505 WHITE OAK DRIVE	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. WAUKEGAN, IL 60085	

Enter the Return code for the return that this application is for (file a separate application for each return) ▶ 04

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

REBECCA KINNAVY

- The books are in the care of ▶ 1505 WHITE OAK DRIVE - WAUKEGAN, IL 60085
  Telephone No. ▶ 800-972-3859 FAX No. ▶
- If the organization does not have an office or place of business in the United States, check this box ▶ [ ]
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box ▶ [ ]. If it is for part of the group, check this box ▶ [ ] and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until AUGUST 15, 2013, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
▶ [X] calendar year 2012 or
▶ [ ] tax year beginning _____, and ending _____.

2 If the tax year entered in line 1 is for less than 12 months, check reason: [ ] Initial return [ ] Final return [ ] Change in accounting period

3a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	$ 127,382.
b	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	$ 102,382.
c	Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	$ 25,000.

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

Form **8868**
(Rev. January 2013)
Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return.

OMB No. 1545-1709

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** and check this box . . . ▶ [X]
- If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing *(e-file)*. You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/efile* and click on *e-file for Charities & Nonprofits.*

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only . . . . . ▶ [ ]

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print	Name of exempt organization or other filer, see instructions.	Employer identification number (EIN) or
File by the due date for filing your return See instructions	CLARA ABBOTT FOUNDATION	36-6069632
	Number, street, and room or suite no. If a P.O. box, see instructions. 1505 WHITE OAK DRIVE	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. WAUKEGAN, IL 60085	

Enter the Return code for the return that this application is for (file a separate application for each return) . [0 4]

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

- The books are in the care of ▶ REBECCA KINNAVY 1505 WHITE OAK DRIVE - WAUKEGAN, IL 60085
  Telephone No. ▶ 800-972-3859 FAX No. ▶
- If the organization does not have an office or place of business in the United States, check this box . . . ▶ [ ]
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the whole group, check this box ▶ [ ]. If it is for part of the group, check this box ▶ [ ] and attach a list with the names and EINs of all members the extension is for

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until AUGUST 15, 2013, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
▶ [X] calendar year 2012 or
▶ [ ] tax year beginning _____, and ending _____.

2 If the tax year entered in line 1 is for less than 12 months, check reason: [ ] Initial return [ ] Final return [ ] Change in accounting period

3a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	$	127,382.
b	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	$	102,382.
c	**Balance due.** Subtract line 3b from line 3a Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	$	25,000.

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

- If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** and check this box . . . ▶ [X]

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** (on page 1).

Part II **Additional (Not Automatic) 3-Month Extension of Time.** Only file the original (no copies needed).

Enter filer's identifying number, see instructions

Type or print	Name of exempt organization or other filer, see instructions	Employer identification number (EIN) or
File by the due date for filing your return See instructions	CLARA ABBOTT FOUNDATION	36-6069632
	Number, street, and room or suite no. If a P.O. box, see instructions. 1505 WHITE OAK DRIVE	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. WAUKEGAN, IL 60085	

Enter the Return code for the return that this application is for (file a separate application for each return) 0 4

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01		
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Form 990-T (trust other than above)	06	Form 8870	12

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in the care of ▶ REBECCA KINNAVY 1505 WHITE OAK DRIVE - WAUKEGAN, IL 60085
  Telephone No. ▶ 800-972-3859 FAX No. ▶
- If the organization does not have an office or place of business in the United States, check this box . . . ▶ [ ]
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box ▶ [ ]. If it is for part of the group, check this box ▶ [ ] and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until NOVEMBER 15, 2013.

5 For calendar year 2012, or other tax year beginning _____, and ending _____.

6 If the tax year entered in line 5 is for less than 12 months, check reason. [ ] Initial return [ ] Final return
[ ] Change in accounting period

7 State in detail why you need the extension
THE INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE RETURN IS NOT YET AVAILABLE.

8a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions.	8a	$	107,095.
b	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	$	127,382.
c	**Balance due.** Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	8c	$	0.

Signature and Verification must be completed for Part II only.

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature ▶ Title ▶ ENROLLED AGENT Date ▶

Form **8868** (Rev 1-2013)

223842
01-21-13

- If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** and check this box ... ▶ X

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** (on page 1).

Part II **Additional (Not Automatic) 3-Month Extension of Time.** Only file the original (no copies needed).

Type or print File by the due date for filing your return See instructions.	Name of exempt organization or other filer, see instructions	Employer identification number (EIN) or
	CLARA ABBOTT FOUNDATION	36-6069632
	Number, street, and room or suite no. If a P.O. box, see instructions. 1505 WHITE OAK DRIVE	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. WAUKEGAN, IL 60085	

Enter filer's identifying number, see instructions

Enter the Return code for the return that this application is for (file a separate application for each return) ... 0 4

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01		
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in the care of ▶ REBECCA KINNAVY 1505 WHITE OAK DRIVE - WAUKEGAN, IL 60085
  Telephone No. ▶ 800-972-3859 FAX No. ▶
- If the organization does not have an office or place of business in the United States, check this box ... ▶ ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box ▶ ☐ If it is for part of the group, check this box ▶ ☐ and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until NOVEMBER 15, 2013.

5 For calendar year 2012, or other tax year beginning _____, and ending _____.

6 If the tax year entered in line 5 is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

7 State in detail why you need the extension
THE INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE RETURN IS NOT YET AVAILABLE.

8a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions	8a	$	105,414.
b	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	$	127,382.
c	**Balance due.** Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions.	8c	$	0.

Signature and Verification must be completed for Part II only.

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature ▶ Kimberly A. Hamman Title ▶ ENROLLED AGENT Date ▶ 8/7/13

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