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EXTENDED TO NOVEMBER 16, 2015

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

Return of Private Foundation

or Section 4947(a)(1) Trust Treated as Private Foundation

▶ Do not enter social security numbers on this form as it may be made public.

▶ Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf.

OMB No 1545-0052

2014

Open to Public Inspection

For calendar year 2014 or tax year beginning , and ending

Name of foundation	A Employer identification number
CLARA ABBOTT FOUNDATION	36-6069632
Number and street (or P O box number if mail is not delivered to street address) / Room/suite	B Telephone number
1175 TRI-STATE PARKWAY, SUITE 200	800-972-3859
City or town, state or province, country, and ZIP or foreign postal code	C If exemption application is pending, check here ▶ ☐
GURNEE, IL 60031	

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) ▶$ 260,803,327.

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 ▶ ☐

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)
Revenue	1 Contributions, gifts, grants, etc., received	128,247.		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	4,627,510.	5,453,015.		STATEMENT 2
	5a Gross rents				
	b Net rental income or (loss)				
	6a Net gain or (loss) from sale of assets not on line 10	31,717,417.			STATEMENT 1
	b Gross sales price for all assets on line 6a 70,206,846.				
	7 Capital gain net income (from Part IV, line 2)		31,610,380.		
	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	10,576.	<105,048.>		STATEMENT 3
	12 **Total.** Add lines 1 through 11	36,483,750.	36,958,347.		
Operating and Administrative Expenses	13 Compensation of officers, directors, trustees, etc	586,405.	58,640.		527,765.
	14 Other employee salaries and wages				
	15 Pension plans, employee benefits	169,321.	16,932.		152,389.
	16a Legal fees				
	b Accounting fees STMT 4	32,700.	0.		0.
	c Other professional fees STMT 5	249,593.	249,593.		0.
	17 Interest				
	18 Taxes STMT 6	634,171.	63,089.		0.
	19 Depreciation and depletion	6,504.	0.		
	20 Occupancy				
	21 Travel, conferences, and meetings	27,238.	0.		27,238.
	22 Printing and publications				
	23 Other expenses STMT 7	2,324,843.	704,676.		2,300,299.
	24 **Total operating and administrative expenses.** Add lines 13 through 23	4,030,775.	1,092,930.		3,007,691.
	25 Contributions, gifts, grants paid	3,980,692.			3,980,692.
	26 **Total expenses and disbursements.** Add lines 24 and 25	8,011,467.	1,092,930.		6,988,383.
	27 Subtract line 26 from line 12:				
	a Excess of revenue over expenses and disbursements	28,472,283.			
	b **Net investment income** (if negative, enter -0-)		35,865,417.		
	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	904,814.	2,459,232.	2,459,232.
	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 9	164,299,703.	191,223,925.	258,332,127.
	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 ▶ 191,638.			
	Less accumulated depreciation ▶ 179,670.	18,325.	11,968.	11,968.
	15 Other assets (describe ▶)			
	16 **Total assets** (to be completed by all filers - see the instructions. Also, see page 1, item I)	165,222,842.	193,695,125.	260,803,327.
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	165,222,842.	193,695,125.	
	30 **Total net assets or fund balances**	165,222,842.	193,695,125.	
	31 **Total liabilities and net assets/fund balances**	165,222,842.	193,695,125.	

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	165,222,842.
2	Enter amount from Part I, line 27a	2	28,472,283.
3	Other increases not included in line 2 (itemize) ▶	3	0.
4	Add lines 1, 2, and 3	4	193,695,125.
5	Decreases not included in line 2 (itemize) ▶	5	0.
6	Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30	6	193,695,125.

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	FROM PASSTHROUGH K-1'S	P	VARIOUS	VARIOUS
b	ABBVIE - PUBLICLY TRADED	P	VARIOUS	VARIOUS
c	COMMONFUND - MARKETABLE INVESTMENTS	P	VARIOUS	VARIOUS
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	4,368,822.			4,368,822.
b	31,161,920.		35,765.	31,126,155.
c	39,044,926.		42,929,523.	<3,884,597.>
d				0.
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				4,368,822.
b				31,126,155.
c				<3,884,597.>
d				0.
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	31,610,380.
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))
2013	6,476,048.	229,712,812.	.028192
2012	6,575,135.	205,871,709.	.031938
2011	11,729,351.	200,846,071.	.058400
2010	12,111,771.	197,385,912.	.061361
2009	13,750,238.	182,099,513.	.075509

2	**Total** of line 1, column (d)	2	.255400
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	.051080
4	Enter the net value of noncharitable-use assets for 2014 from Part X, line 5	4	250,123,333.
5	Multiply line 4 by line 3	5	12,776,300.
6	Enter 1% of net investment income (1% of Part I, line 27b)	6	358,654.
7	Add lines 5 and 6	7	13,134,954.
8	Enter qualifying distributions from Part XII, line 4	8	6,988,383.

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	717,308.
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	717,308.
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	717,308.
6	Credits/Payments:			
a	2014 estimated tax payments and 2013 overpayment credited to 2014	6a 559,332.		
b	Exempt foreign organizations - tax withheld at source	6b		
c	Tax paid with application for extension of time to file (Form 8868)	6c 240,000.		
d	Backup withholding erroneously withheld	6d		
7	Total credits and payments. Add lines 6a through 6d		7	799,332.
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	82,024.
11	Enter the amount of line 10 to be: **Credited to 2015 estimated tax** ▶ 10,000. **Refunded** ▶		11	72,024.

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 the 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 2014 or the taxable year beginning in 2014 (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	10		X

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

			Yes	No
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 ▶ SHERI KEITH Telephone no. ▶ 800-972-3859

Located at ▶ 1175 TRI-STATE PARKWAY, SUITE 200, GURNEE, IL ZIP+4 ▶ 60031

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 2014, 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? See the instructions for exceptions and filing requirements for FinCEN Form 114, (formerly TD F 90-22.1). If "Yes," enter the name of the foreign country ▶	16		X

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

File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.

			Yes	No
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)? Organizations relying on a current notice regarding disaster assistance check here ▶ ☐	1b		X
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 2014?	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 2014, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2014? ☐ 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 2014 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 2014.)* 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 2014?	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 4945(d)(4)(A)? (see instructions)	☐ 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 10		586,405.	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, MORENO VALLEY, CA 92555	FINANCIAL CONSULTING	52,425.
PABLO MIRANDA - POSTLAND PLAZA CAROLINA PMB 304, CAROLINA, PR 00987	FINANCIAL CONSULTING	52,064.
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 11	2,249,141.
2 SEE STATEMENT 12	2,543,185.
3 SEE STATEMENT 13	313,872.
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** (2014)

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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	255,643,405.
b	Average of monthly cash balances		1b	1,468,311.
c	Fair market value of all other assets		1c	
d	**Total** (add lines 1a, b, and c)		1d	257,111,716.
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	257,111,716.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions) STMT 14		4	6,988,383.
5	**Net value of noncharitable-use assets.** Subtract line 4 from line 3. Enter here and on Part V, line 4		5	250,123,333.
6	**Minimum investment return.** Enter 5% of line 5		6	12,506,167.

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	12,506,167.
2a	Tax on investment income for 2014 from Part VI, line 5	2a 717,308.		
b	Income tax for 2014. (This does not include the tax from Part VI.)	2b		
c	Add lines 2a and 2b		2c	717,308.
3	Distributable amount before adjustments. Subtract line 2c from line 1		3	11,788,859.
4	Recoveries of amounts treated as qualifying distributions		4	0.
5	Add lines 3 and 4		5	11,788,859.
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	11,788,859.

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	6,988,383.
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	6,988,383.
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	6,988,383.

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 2013	(c) 2013	(d) 2014
1 Distributable amount for 2014 from Part XI, line 7				11,788,859.
2 Undistributed income, if any, as of the end of 2014				
a Enter amount for 2013 only			0.	
b Total for prior years: _____, _____, _____		0.		
3 Excess distributions carryover, if any, to 2014:				
a From 2009 4,760,192.				
b From 2010 2,776,081.				
c From 2011 1,762,765.				
d From 2012				
e From 2013				
f **Total** of lines 3a through e	9,299,038.			
4 Qualifying distributions for 2014 from Part XII, line 4: ▶ $ 6,988,383.				
a Applied to 2013, 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 2014 distributable amount				6,988,383.
e Remaining amount distributed out of corpus	0.			
5 Excess distributions carryover applied to 2014 (If an amount appears in column (d), the same amount must be shown in column (a).)	4,800,476.			4,800,476.
6 **Enter the net total of each column as indicated below:**				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	4,498,562.			
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 2013. Subtract line 4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2014. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2015				0.
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions)	0.			
8 Excess distributions carryover from 2009 not applied on line 5 or line 7	0.			
9 **Excess distributions carryover to 2015.** Subtract lines 7 and 8 from line 6a	4,498,562.			
10 Analysis of line 9:				
a Excess from 2010 2,735,797.				
b Excess from 2011 1,762,765.				
c Excess from 2012				
d Excess from 2013				
e Excess from 2014				

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 2014, 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)

	Tax year	Prior 3 years			
	(a) 2014	(b) 2013	(c) 2012	(d) 2011	(e) Total
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					
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 address 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	2,087,117.
SCHOLARSHIP GRANTS *	NONE	N/A	EDUCATIONAL ASSISTANCE	1,893,575.
* THIS CONFIDENTIAL INFORMATION IS NOT INCLUDED IN OUR RETURN.				
THIS INFORMATION IS AVAILABLE AT THE TAXPAYER'S OFFICE.				
Total			▶ 3a	3,980,692.
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		Excluded by section 512, 513, or 514		(e)
	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	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	4,627,510.	
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	10,576.	
8 Gain or (loss) from sales of assets other than inventory			18	31,717,417.	
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue:					
a					
b					
c					
d					
e					
12 Subtotal. Add columns (b), (d), and (e)		0.		36,355,503.	0.
13 Total. Add line 12, columns (b), (d), and (e)				13	36,355,503.

(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

▶ Sheri L. Keith — 11/11/15 — ▶ 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
DAVID LOWENTHAL	DAVID LOWENTHAL	11/05/15		P00378651

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

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.
▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990 .

OMB No 1545-0047

2014

Name of the organization	Employer identification number
CLARA ABBOTT FOUNDATION	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, contributions totaling $5,000 or more (in money or property) from any one contributor Complete Parts I and II. See instructions for determining a contributor's total contributions

Special Rules

☐ For an organization described in section 501(c)(3) 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), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions 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 an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than $1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals Complete Parts I, II, and III

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc , purposes, but no such contributions totaled 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 totaling $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 its Form 990-PF, Part I, line 2, 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 for noncash contributions.)
2	ALVIN B. NORDHEM TRUST ARTICLE VIII 15713 W. BARTON STREET OVERLAND PARK, KS 66221	$ 23,432.	Person [ ] Payroll [ ] Noncash [X] (Complete Part II for noncash contributions)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions)

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
2	416 SHARES ABBVIE STOCK	$ 23,432.	06/30/14
		$	
		$	
		$	
		$	
		$	

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

Part III *Exclusively* religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than $1,000 for the year from any one contributor. 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 info 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
Financial Assistance Program
CONFIDENTIAL APPLICATION

STEP 1: CHECK YOUR ELIGIBILITY

☐ I am an active Abbott employee

Which company do you work for?

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

☐ Abbott ☐ AbbVie

☐ I am an Abbott employee on disability

Which company do you work for?

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

☐ Abbott ☐ AbbVie

☐ 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 _____

Abbott UPI Number _____ Date of Birth _____ (Day) _____ (Month) _____ (Year)

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. _____

Date of Birth _____ (Day) _____ (Month) _____ (Year)

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 DEMOGRAPHIC INFORMATION

List yourself and 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)
- ☐ My personal information will be transferred to, and stored outside my home country-including the United States and other countries Privacy laws in those countries may not protect my personal information to the same extent as laws in my home country. However, The Clara Abbott Foundation has adopted processes and practices to ensure a continuing adequate level of protection of my personal information
- ☐ The Foundation may decline any request for assistance at its sole and entire discretion

	Date			
Signature of Employee or Retiree		Day	Month	Year
Signature of Spouse/Domestic Partner or Survivor	Date:	Day	Month	Year

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

1 Save application to your computer

2 Email application and income documents to askclara@abbott.com

FAX

1. Print application
2. Fax application and income documents to 847-938-6511

MAIL

1 Print application

2. Mail application and income documents to
The Clara Abbott Foundation
1175 Tri-State Parkway Suite 200
Gurnee, IL 60031 USA

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

Qué empresa trabajas?

Fecha de Contratacion _____ Día _____ Mes _____ Año

☐ Abbott ☐ AbbVie

☐ Soy empleado de Abbott con licencia por discapacidad

Qué empresa trabajas?

Fecha de Contratacion _____ Día _____ Mes _____ Año

☐ Abbott ☐ AbbVie

☐ 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: INDIQUE SU INFORMACIÓN

Nombre. _____ Apellido _____

Número UPI Abbott _____

Fecha de Nacimiento _____ Día _____ Mes _____ Año

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 _____

Fecha de Nacimiento _____ Día _____ Mes _____ Año

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 su nombre y 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.
- ☐ Mi información personal se transferirá y se almacenará fuera de mi país, incluidos los Estados Unidos y otros países Es probable que las leyes de privacidad de esos países no protejan mi información personal del mismo modo que las leyes de mi país Sin embargo, la Fundación Clara Abbott ha adoptado procesos y prácticas para garantizar un nivel continuo y adecuado de protección de mi información personal
- ☐ 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: ENVIAR 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:

CORREO ELECTRONICO

1 Guardar la aplicación en su ordenador

2. Aplicación de correo electrónico y los ingresos documentos askclara@abbott com

FAX

1. Aplicación de impresión

2 Aplicación de fax e ingresos documentos al 847-938-6511

CORREO

1 Aplicación de impresión

2 Aplicación de correo y los ingresos documentos a:
The Clara Abbott Foundation
1175 Tri-State Parkway Suite 200
Gurnee, IL 60031 USA

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.*

FASE 1: IDONEITÀ

☐ Sono un dipendente Abbott in servizio

Quale società non lavori?

Data di Assunzione. _____ _____ _____
Giorno Mese Anno

☐ Abbott ☐ AbbVie

☐ Sono un dipendente Abbott disabile

Quale società non lavori?

Data di Assunzione _____ _____ _____
Giorno Mese Anno

☐ Abbott ☐ AbbVie

☐ Sono un dipendente Abbott in pensione

Data di Assunzione _____ _____ _____
Giorno Mese Anno

Pensionato/a: _____ _____ _____
Giorno Mese Anno

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

Data di Assunzione _____ _____ _____
Giorno Mese Anno

Deceduto/a _____ _____ _____
Giorno Mese Anno

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

Nome _____ Cognome _____

Abbott UPI Numero _____

Data di Nascita: _____ _____ _____
Giorno Mese Anno

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 SU CONIUGE/PARTNER O SUL/SULLA VEDOVO/A

Nome. _____ Cognome _____

Data di Nascita _____ _____ _____
Giorno Mese Anno

1175 TRI-STATE PARKWAY SUITE 200, GURNEE, IL 60031 | PHONE 847-937-1090 | TOLL FREE 800-972-3859

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 te stesso e 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 miei dati personali verranno trasferiti e archiviati in un Paese diverso dal mio Paese di origine, ovvero negli Stati Uniti o in altri Paesi Le leggi sulla privacy di tali Paesi potrebbero non proteggere i dati personali degli utenti nella stessa misura delle leggi del mio Paese di origine The Clara Abbott Foundation, tuttavia, ha adottato processi e prassi tali da garantire in modo continuativo un adeguato livello di protezione dei miei dati personali

☐ 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

1 Salva l'applicazione sul computer

2 Applicazione e-mail e reddito documenti ai askclara@abbott com

FAX

1 Applicazione di stampa

2 Applicazione fax e reddito documenti a 847-938-6511

POSTA

1. Applicazione di stampa
2. Applicazione mail e il reddito documenti a:
   The Clara Abbott Foundation
   1175 Tri-State Parkway Suite 200
   Gurnee, IL 60031 USA

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*

ETAPA 1: VERIFIQUE SUA ELEGIBILIDADE

☐ Sou um funcionário ativo da Abbott

Que a empresa que você trabalha?

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

☐ Abbott ☐ AbbVie

☐ Sou um funcionário da Abbott aposentado por invalidez

Que a empresa que você trabalha?

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

☐ Abbott ☐ AbbVie

☐ 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

Nome _____ Apelido: _____

Número Abbott UPI. _____ Data de Nascimento _____ (Dia) _____ (Mês) _____ (Ano)

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: _____

Data de Nascimento _____ (Dia) _____ (Mês) _____ (Ano)

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 BIOGRÁFICAS

Lista de todos os membros (incluindo você mesmo) que habitam na mesma casa ou dependentes econômicos (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).
- ☐ Minhas informações pessoais serão transferidas e armazenadas fora do meu país de residência, incluindo os Estados Unidos e outros países As leis de privacidade nesses países podem não proteger minhas informações pessoais na mesma extensão que as leis em meu país de residência. No entanto, a The Clara Abbott Foundation tem adotado processos e práticas para assegurar o nível adequado e contínuo de proteção das minhas informações pessoais
- ☐ 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

1 Salvar aplicativo para o seu computador

2 Aplicativo de e-mail e renda documentos para askclara@abbott com

FAX

1 Aplicação de impressão

2. Aplicativo de fax e renda documentos para 847-938-6511

CORREIO

1. Aplicação de impressão

2. Aplicação de correio e renda documentos para
The Clara Abbott Foundation
1175 Tri-State Parkway Suite 200
Gurnee, IL 60031 USA

[illegible] 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*

ÉTAPE 1: VÉRIFIEZ VOTRE ADMISSIBILITÉ

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

Quelle compagnie travaillez-vous?

☐ Abbott ☐ AbbVie

Date d'embauche. _____ (Jour) _____ (Mois) _____ (Année)

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

Quelle compagnie travaillez-vous?

☐ Abbott ☐ AbbVie

Date d'embauche _____ (Jour) _____ (Mois) _____ (Année)

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

Date d'embauche _____ (Jour) _____ (Mois) _____ (Année)

Retraité: _____ (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 _____ (Jour) _____ (Mois) _____ (Année)

Décédé: _____ (Jour) _____ (Mois) _____ (Année)

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

Prénom _____ Nom. _____

Numéro UPI Abbott _____ Date de Naissance _____ (Jour) _____ (Mois) _____ (Année)

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. _____

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 : INFORMATIONS DÉMOGRAPHIQUES

Dressez la liste vous-même et 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 DEMANDE D'AIDE

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 renseignements personnels me concernant seront transférés et stockés hors de mon pays de résidence, notamment aux États-Unis et dans d'autre pays. Les lois sur la protection de la vie privée de ces pays peuvent ne pas protéger mes renseignements personnels de la même manière que celles de mon pays de résidence Cependant, The Clara Abbott Foundation a adopté des procédures et pratiques destinées à assurer un niveau suffisant et continu de protection de mes renseignements personnels

☐ 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

1. Enregistrer l'application sur votre ordinateur
2. Application de courrier électronique et de revenus documents à askclara@abbott.com

TELECOPIE

1. Application d'impression
2. Demande de fax et de revenus documents à 847-938-6511

COURRIER

1 Application d'impression
2. Application mail et le revenu documents à
The Clara Abbott Foundation
1175 Tri-State Parkway Suite 200
Gurnee, IL 60031 USA

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

雅培克拉拉基金会
财务援助计划
保密申请

步骤 1：检查您的资格

☐ 我是一名在职的雅培员工

受雇日期：_____ 日 _____ 月 _____ 年

您就职于哪家公司？

☐ 雅培 ☐ AbbVie

☐ 我是一名身障雅培员工

受雇日期：_____ 日 _____ 月 _____ 年

您就职于哪家公司？

☐ 雅培 ☐ AbbVie

☐ 我是一名雅培的退休人员

受雇日期：_____ 日 _____ 月 _____ 年

退休日期：_____ 日 _____ 月 _____ 年

☐ 我是一名有资格的已故雅培员工或退休人员的未亡配偶/子女

受雇日期：_____ 日 _____ 月 _____ 年

去世日期：_____ 日 _____ 月 _____ 年

步骤 2：填写雅培员工或退休人员信息

名字：_____ 姓氏：_____

雅培 LPI 编号：_____ 出生日期：_____ 日 _____ 月 _____ 年

部门

☐ ADC ☐ ADD ☐ AAH ☐ AI ☐ AM ☐ AMO ☐ AN ☐ APOC

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

婚姻状况

☐ 单身* ☐ 已婚 ☐ 离异* ☐ 生活伴侣

*如果单身或离异，请转至步骤 4

步骤 3：填写配偶/生活伴侣或已故员工的未亡家属信息

名字_____ 姓氏：_____

出生日期_____ 日 _____ 月 _____ 年

1175 TRI-STATE PARKWAY SUITE 200, GURNEE, IL 60031 | PHONE 847-937-1090 | TOLL FREE 800-972-3859

步骤 4：填写联系人信息

地址：_____ 城市：_____ 省/市/自治区：_____

邮政编码：_____ 国家：_____

主要电话：_____ 我们能留言吗？ ☐ 是 ☐ 否

次要电话：_____ 我们能留言吗？ ☐ 是 ☐ 否

主要电子邮件：_____ 我们可以通过电子邮件回复吗？ ☐ 是 ☐ 否

次要电子邮件：_____ 我们可以通过电子邮件回复吗？ ☐ 是 ☐ 否

步骤 5：填写人口统计信息

列出您自己和所有家庭成员及财政供养人员（如有必要，附上附加页）：

姓名	关系	年龄	待业	就业
	员工/退休人员		☐ 是 ☐ 否	☐ 是 ☐ 否
	配偶/生活伴侣		☐ 是 ☐ 否	☐ 是 ☐ 否
			☐ 是 ☐ 否	☐ 是 ☐ 否
			☐ 是 ☐ 否	☐ 是 ☐ 否
			☐ 是 ☐ 否	☐ 是 ☐ 否
			☐ 是 ☐ 否	☐ 是 ☐ 否
			☐ 是 ☐ 否	☐ 是 ☐ 否
			☐ 是 ☐ 否	☐ 是 ☐ 否

步骤 6：填写需求说明

请求的金额： _____ 货币：_____

提供简短需求说明（如有必要，附上附加页）：

步骤 7：提供证明文件并签名

选中以下所有选项框表示我保证并同意各项内容，然后输入/签署本人姓名：

☐ 就我所知，此申请信息完整且正确.

☐ 我授予雅培克拉拉基金会（简称基金会）进行所有其视为必要的查询的权限，包括通过征信机构验证此申请中所做陈述的准确性.

☐ 基金会不会容忍有关此申请的信息或在咨询过程中获取的信息存在欺诈、欺骗或隐瞒 我理解，如果基金会确定发生了任何此类行为，其可能拒绝任何当前或待定申请，并可能不提供将来的申请帮助. 对于雅培员工，任何此类行为都会被视为违反雅培商业行为规范（简称规范），并可能承担规范中陈述的后果.

☐ 提供给基金会的信息将保密，除非法律要求提供或已确定（或怀疑）有关此申请信息或在咨询过程中获取的信息存在欺诈、欺骗或隐瞒的情况

☐ 我的个人信息将传输至并存储在本国外部 – 包括美国和其他国家/地区. 在这些国家/地区的隐私法可能不会以我本国法律的相同程度保护我的个人信息 但是，雅培克拉拉基金会已采取各种流程和措施来确保持续充分地保护我的个人信息

☐ 基金会可全权决定拒绝任何帮助请求.

_____ 日期：_____ 日 _____ 月 _____ 年

员工或退休人员签名

_____ 日期：_____ 日 _____ 月 _____ 年

配偶/生活伴侣或已故员工的未亡家属签名

步骤 8：提交申请和收入文件

提交雅培员工或退休人员以及配偶/生活伴侣和/或已故员工的未亡配偶/子女（如适用）的申请和 近期收入文件（如工资存根/工资单、退休后的收入、残疾补助收入、儿童支助的收入、社保/政府收入、小生意的收入等）.

您可通过以下一种方式提交申请和收入文件：

电子邮件

1 将申请保存至计算机
2. 将申请和收入文件通过电子邮件发送至 askclara@abbott com

传真

1 打印申请
2 将申请和收入文件传真至 847-938-6511

邮件

1 打印申请
2 将申请和收入文件邮寄至：

The Clara Abbott Foundation
1175 Tri-State Parkway Suite 200
Gurnee, IL 60031 USA

步骤 9：咨询准备

雅培克拉拉基金会代表将联系您以审查您的财务状况 准备会议时，请收集并整理您的账单（如租金或抵押单据、水电费、保险费、信用卡账单、无偿医疗和牙科费用等）. 在会议前整理并准备好以上文件将加快财务评估过程

Quỹ Clara Abbott
Chương Trình Hỗ Trợ Tài Chính
ĐƠN ĐỀ NGHỊ BẢO MẬT

BƯỚC 1 KIỂM TRA ĐIỀU KIỆN HỘI ĐỦ CỦA BẠN

☐ Tôi là nhân viên hiện tại của Abbott

Ngày tuyển dụng _____ (Ngày) _____ (Tháng) _____ (Năm)

Bạn làm việc cho công ty nào?

☐ Abbott ☐ AbbVie

☐ Tôi là nhân viên Abbott mắc khuyết tật

Ngày tuyển dụng _____ (Ngày) _____ (Tháng) _____ (Năm)

Bạn làm việc cho công ty nào?

☐ Abbott ☐ AbbVie

☐ Tôi là nhân viên Abbott đã nghỉ hưu

Ngày tuyển dụng _____ (Ngày) _____ (Tháng) _____ (Năm)

Nghỉ hưu _____ (Ngày) _____ (Tháng) _____ (Năm)

☐ Tôi là vợ/chồng còn sống/con của nhân viên hoặc nhân viên Abbott đã về hưu đủ điều kiện

Ngày tuyển dụng _____ (Ngày) _____ (Tháng) _____ (Năm)

Qua đời _____ (Ngày) _____ (Tháng) _____ (Năm)

BƯỚC 2 ĐIỀN ĐẦY ĐỦ THÔNG TIN NHÂN VIÊN HOẶC NHÂN VIÊN ABBOTT NGHỈ HƯU

Tên _____ Họ _____

Số Abbott UPI _____ Ngày sinh _____ (Ngày) _____ (Tháng) _____ (Năm)

Phòng ban

☐ ADC ☐ ADD ☐ AAH ☐ AI ☐ AM ☐ AMO ☐ AN ☐ APOC

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

Tình trạng hôn nhân

☐ Độc thân* ☐ Kết hôn ☐ Li thân* ☐ Ban đời

***Nếu độc thân hoặc li thân, chuyển sang bước 4**

BƯỚC 3 ĐIỀN ĐẦY ĐỦ THÔNG TIN VỢ/CHỒNG/BẠN ĐỜI hoặc THÂN NHÂN CÒN SỐNG

Tên _____ Họ _____

Ngày sinh _____ (Ngày) _____ (Tháng) _____ (Năm)

1175 TRI-STATE PARKWAY SUITE 200, GURNEE, IL 60031 | PHONE 847-937-1090 | TOLL FREE 800-972-3859

BƯỚC 4 ĐIỀN ĐẦY ĐỦ THÔNG TIN LIÊN LẠC

Địa chỉ _____ Thành phố _____ Tiểu bang _____

Mã bưu điện _____ Quốc gia _____

Số điện thoại chính _____ Chúng tôi có thể để lại lời nhắn không? ☐ Có ☐ Không

Số điện thoại thứ hai _____ Chúng tôi có thể để lại lời nhắn không? ☐ Có ☐ Không

Email chính _____ Chúng tôi có thể trao đổi bằng email không? ☐ Có ☐ Không

Email thứ hai _____ Chúng tôi có thể trao đổi bằng email không? ☐ Có ☐ Không

BƯỚC 5 ĐIỀN ĐẦY ĐỦ THÔNG TIN NHÂN KHẨU

Liệt kê bản thân bạn và tất cả các thành viên trong hộ gia đình cũng như những người phụ thuộc tài chính (kèm thêm trang nếu cần):

Tên	Mối quan hệ	Tuổi	Sống chung trong hộ gia đình	Có việc làm
	Nhân viên/Nghỉ hưu		☐ Có ☐ Không	☐ Có ☐ Không
	Vợ/chồng/Bạn đời		☐ Có ☐ Không	☐ Có ☐ Không
			☐ Có ☐ Không	☐ Có ☐ Không
			☐ Có ☐ Không	☐ Có ☐ Không
			☐ Có ☐ Không	☐ Có ☐ Không
			☐ Có ☐ Không	☐ Có ☐ Không
			☐ Có ☐ Không	☐ Có ☐ Không
			☐ Có ☐ Không	☐ Có ☐ Không

BƯỚC 6 MIÊU TẢ NHU CẦU

Số tiền đề nghị _____ Loại tiền _____

Trình bày tóm tắt nhu cầu của bạn (kèm thêm trang nếu cần)

BƯỚC 7 XÁC NHẬN VÀ CHỮ KÝ

Khi nhập/ký tên của tôi dưới đây, tôi xác nhận và đồng ý với những điều sau đây bằng cách đánh dấu chọn các ô

☐ Với tất cả sự hiểu biết của mình, những thông tin trong đơn đề nghị này là đầy đủ và chính xác

☐ Tôi cho phép Quỹ Clara Abbott (Quỹ) tiến hành mọi yêu cầu tìm hiểu được cho là cần thiết, bao gồm, xác minh tính chính xác của các câu trình bày trong đơn đề nghị này, thông qua một tổ chức báo cáo tín nhiệm

☐ Quỹ sẽ không khoan dung việc gian lận, lừa gạt hoặc che giấu thông tin trong đơn đề nghị này hoặc có được trong quá trình tham vấn Tôi hiểu rằng nếu Quỹ xác định có bất kỳ hành vi nào như vậy xảy ra, Quỹ có thể từ chối bất kỳ đơn đề nghị hiện tại hoặc đang chờ giải quyết nào, và có thể không hỗ trợ sau này Đối với nhân viên Abbott, bất kỳ hành vi nào như vậy được xem là vi phạm Quy Tắc Ứng Xử Trong Kinh Doanh Abbott (Quy Tắc) và có thể phải chịu những hậu quả như được trình bày trong Bộ Quy Tắc này

☐ Những thông tin cung cấp cho Quỹ được bảo mật trừ khi luật pháp yêu cầu hoặc trong những trường hợp gian lận, lừa gạt hoặc che đậy thông tin trong đơn đề nghị này hoặc có được trong quá trình tham vấn được xác định (hoặc nghi ngờ)

☐ Thông tin cá nhân của tôi sẽ được truyền và lưu giữ bên ngoài quốc gia quê hương của tôi, bao gồm Hoa Kỳ và các quốc gia khác Luật pháp về quyền riêng tư tại các quốc gia này có thể không bảo vệ thông tin cá nhân của tôi trong phạm vi tương tự như pháp luật tại quốc gia quê hương của tôi Tuy nhiên, Quỹ Clara Abbott đã áp dụng các quy trình và thông lệ để đảm bảo mức độ bảo vệ đầy đủ liên tục thông tin cá nhân của tôi

☐ Quỹ có thể tùy ý từ chối bất kỳ đề nghị hỗ trợ nào

	Ngày		
	Ngày	Tháng	Năm
Chữ ký của nhân viên hoặc người nghỉ hưu			
	Ngày		
	Ngày	Tháng	Năm
Chữ ký của vợ/chồng/bạn tình hoặc người còn sống			

BƯỚC 8 NỘP ĐƠN ĐỀ NGHỊ VÀ HỒ SƠ THU NHẬP

Nộp đơn đề nghị kèm theo hồ sơ thu nhập hiện tại đối với nhân viên hoặc nhân viên Abbott đã nghỉ hưu, cũng như vợ/chồng/bạn đời và/hoặc vợ/chồng còn sống/con nếu thích hợp (ví dụ như phiếu lương/phiếu trả lương, thu nhập hưu trí, thu nhập khuyết tật, thu nhập từ trợ cấp nuôi con, thu nhập từ an sinh xã hội/ từ chính phủ, thu nhập kinh doanh nhỏ, v.v.).

Bạn có thể nộp đơn đề nghị và hồ sơ thu nhập bằng một trong những cách sau đây

E-MAIL

1 Lưu đơn đề nghị vào máy vi tính của bạn
2 Gửi email đề nghị và hồ sơ thu nhập đến askclara@abbott com

FAX

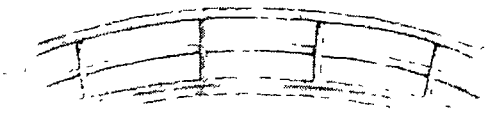
1 In đơn đề nghị
2 Chuyển fax đơn đề nghị và hồ sơ thu nhập đến số 847-938-6511

ĐƯỜNG BƯU ĐIỆN

1 In đơn đề nghị
2 Gửi đơn đề nghị và hồ sơ thu nhập qua đường bưu điện đến
The Clara Abbott Foundation
1175 Tri-State Parkway Suite 200
Gurnee, IL 60031 USA

BƯỚC 9 CHUẨN BỊ THAM VẤN

Nhân viên đại diện của Quỹ Clara Abbott sẽ liên lạc với bạn để xem xét tình huống tài chính của bạn Để chuẩn bị cho cuộc họp, vui lòng thu thập và sắp xếp các hóa đơn của bạn (ví dụ như hợp đồng thuê hoặc giấy thế chấp, hóa đơn tiện ích, phí bảo hiểm, bản kê thẻ tín dụng, các hóa đơn y tế và nha khoa chưa thanh toán, v v) Việc sắp xếp và chuẩn bị hồ sơ này trước khi đến họp sẽ đẩy nhanh quá trình đánh giá tài chính



The Clara Abbott Foundation Scholarship Program

Application Pages

Registration ID 150997 [illegible] Log Out

1 Application Pages 2 Supporting Documents 3 Review 4 Confirmation

Program Guidelines

Application Pages

- Student and School Information
- Employer 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 name 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

*** Expected college graduation month** – Select One –

*** Expected college graduation year** (format yyyy)

*** Current cumulative grade point average (GPA) 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

Student Cell Phone
(format 555-555-5555)

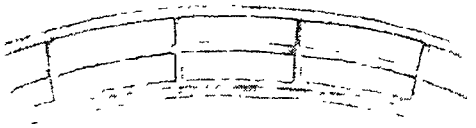
Tab out to have us automatically save your information as you move between pages

Save and Go Forward

This site is administered by Scholarship Management Services, a division of Scholarship America.

Contact The Clara Abbott Foundation Scholarship Program administrator:
clarabbott@scholarshipamerica.org or 1-866-931-0419 or 1 507-931-0419

Terms of Use Privacy Policy



The Clara Abbott Foundation Scholarship Program

Application Pages

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

Provide information about the employee/retiree. Provide the total annual gross income amount for the employee parent(s) or stepparent(s) from 2013

Save

*** Employee's first name**

Middle initial

*** Last name(s)**
(employees from NH, 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)

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

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

*** What company does employee currently work for?**
- (•) Abbott
- ( ) AbbVie
- ( ) Not Applicable

*** Employee division** Other

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

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

*** 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

*** Employee #2 total annual gross income** *(if only one parent or stepparent is an 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

Save and Go Back | Save and Go Forward

The Clara Abbott Foundation Scholarship Program

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- ▸ [illegible]
- Certification and Signature

Supporting Documents
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Please read through all financial instructions to ensure the correct income information is provided on the scholarship application. All students are required to complete the questions below with financial information from their parent(s) 2013 tax return(s) (2012 only if 2013 not completed yet)

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 the student.

Data reported on the financial section must be from the parent(s) maintaining the household in which the student lives. If the parent and his/her spouse live in the same household but file separately, their data should be combined.

In case of divorce or separation, give information about the parent the student lived with most in 2013.

- 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 2013
- If the student's parent has remarried, also provide information about the student's stepparent
- **Do not** include income information for another natural parent who is **living in a separate household**; however, if the other natural parent is providing child support, this amount should be listed in the untaxed income field below
- Amounts indicated in the total income of father/stepfather or mother/stepmother fields below must be reflected in the 1040/planilla tax return(s) to be submitted with the scholarship application

To print instructions to help you complete the questions below, click here for U.S. or click here for Puerto Rico

[Save]

*** What is your parent(s) Adjusted Gross Income?**
Adjusted Gross Income is on US IRS Form 1040—Line 37, 1040A—line 21, 1040EZ—line 4, PR Planilla—Line [illegible]

*** What is your parent(s) Federal or Puerto Rican Tax paid?**
Federal/Puerto Rican Tax Paid is on US IRS Form 1040—Line [illegible], 1040A—line [illegible], 1040EZ—line [illegible], PR Planilla—Line 22

*** Total income of your father/stepfather**
W-2 – box 1, PR499R/W-2PR – box 7

*** Total income of your mother/stepmother**
W-2 – box 1, PR499R/W-2PR – box 7

*** Parent(s) untaxed income and benefits (child support, untaxed 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 2014-15 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 buttons below save your information so you can move between pages

[Save and Go Back] [Save and Go Forward]

The Clara Abbott Foundation Scholarship Program

Application Pages

Registration ID 150997 [illegible] Log Out

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

- Program Guidelines
- **Application Pages**
  - Student and School Information
  - Employee Information
  - Parent Financial Information
  - ▸ [illegible]
- **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 this copy as your record of the information you submitted

By selecting "Yes" and entering my name below, I certify the following statements are true as of April 15, 2014

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 15, 2014** – 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/AbbVie employees, any such behavior is considered a violation of their company's 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 employee** – Select One –
(A dependent child is defined as an unmarried child who is financially supported by and/or living with the employee)

*** The student will be enrolled during the 2014-15 academic year in undergraduate study** – Select One –

*** The student has not earned or will not earn a Bachelor's Degree by September 2014** – Select One –

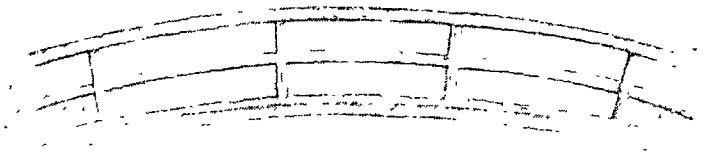
*** Employee/retiree signature**

*** Date**
(format mm/dd/yyyy e g 03/24/2014)

The buttons 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 1-866-931-0419 or 1 507 931-0419



The Clara Abbott Foundation Scholarship Program

Confirmation

Registration ID 150997 Return to Student Overview Log Out

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

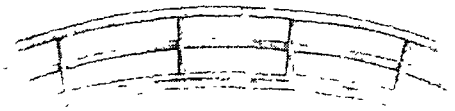
Your application has been submitted!

You have successfully submitted your application data for The Clara Abbott Foundation Scholarship We recommend you print a copy of this page as confirmation of your submission

Please check your email for a message regarding successful submission and note that future correspondence regarding the program will be via email. Be sure to check your junk mail for this message if it did not arrive in your inbox.

Questions about the application process? Contact Scholarship America:

Email claraabbott@scholarshipamerica.org
Call 1-866-931-0419 or 1-507-931-0419



Programa de Becas de La Fundación Clara Abbott

Páginas de la Solicitud

ID de la Registracion 150997 Revisar la Declaración de Privacidad Desconectarse

1 Paginas de la Solicitud 2 Documentos Requeridos 3 Revisar 4 Confirmación

Partes 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
Revisar la Solicitud
Guardar y Desconectarse

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

Su información esta guardada al navegar por el sitio o hacer clic en el boton Guardar

El simbolo de asterisco (*) indica la información requerida

Utilice el boton BUSCAR para elegir la escuela postsecundaria a la que planea asistir en el siguiente año academico. 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, podria 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 asistira o no se sabe su estado de matricula, seleccione su primera preferencia

Guardar

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

*** Nombre de la escuela postsecundaria**

*** Ciudad**

*** Estado** -- Seleccione Uno --

*** Si es una institucion publica, pagare**
- Matricula de residente estatal
- Matricula de fuera del estado
- Mi residencia no afecta el costo de la matricula

*** Mes anticipado de graduacion universitaria** -- Seleccione Uno --

*** Año anticipado de graduacion universitaria** *(formato aaaa)*

*** Promedio acumulativo (GPA) actual en una escala de 4.00**
(Debe tener por lo menos 2 decimales – ej. 3.50)

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

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

Numero de telefono celular/movil del estudiante *(formato 555-555-5555)*

El boton de abajo guardara automaticamente la información al navegar entre las paginas

Guardar y Seguir

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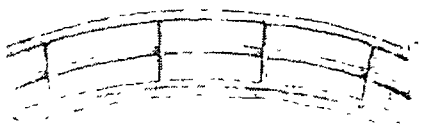
Términos de Uso Política de Privacidad



Programa de Becas de La Fundación Clara Abbott

Páginas de la Solicitud

ID de la Registracion 150997 Registrar el Recibo del Estudiante | Desconectarse

1 Paginas de la Solicitud 2 Documentos Requeridos 3 Firma 4 Confirmación

Pautas del Programa

Páginas de la Solicitud

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

Documentos Requeridos
Revertir la Solicitud
Guardar y Desconectarse

Proporcione información con respecto al empleado/jubilado. Proporcione el total de ingreso bruto anual para el/los padre(s) o el/los padrastro(s) empleado(s) de 2013

Guardar

*** Nombre del empleado**

Inicial del segundo nombre

*** Apellido(s)**
(empezando 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 03/06/2012)

*** Numero de telefono del empleado**
(este es el número donde se puede comunicar con el empleado – formato 555-555-5555)

*** Direccion de correo electronico del empleado**
(límite de 50 caracteres)

*** ¿En que compañia trabaja el empleado actualmente?**
- Abbott
- AbbVie
- No Aplica

*** Division del empleado** – Seleccione Uno –

*** ¿El estudiante tiene otro padre o padrastro empleado?**
- Si
- No

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

*** El total de ingreso bruto anual del empleado #1**
- Menos de $50,000
- $50,001 - $83,000
- $83,001 - $115,000
- $115,001 - $136,000
- $136,001 - $157,000
- $157,001 o Mas

*** El total de ingreso bruto anual del empleado #2** *(Si solo un padre o padrastro es empleado, seleccione No Aplica)*
- Menos de $50,000
- $50,001 - $83,000
- $83,001 - $115,000
- $115,001 - $136,000
- $136,001 - $157,000
- $157,001 o Más
- No Aplica

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

Guardar y Regresar | Guardar y Seguir

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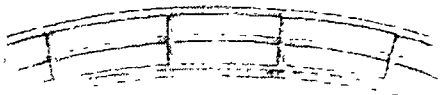
Terminos de Uso Política de Privacidad



Programa de Becas de La Fundación Clara Abbott

Páginas de la Solicitud

ID de la Registración 150997 [illegible] Desconectarse

▸ 1 Paginas de la Solicitud 2 [illegible] 3 [illegible] 4 [illegible]

Pautas del Programa

Páginas de la Solicitud

- Información del Estudiante
- la Escuela y Planes un [illegible]
- Información del Empleado
- Información Financiera de los Padres
- Certificación y Firma

Documentos Requeridos
Revisar la Solicitud
Guardar y Desconectarse

Favor de leer todas las instrucciones financieras para asegurar que la información financiera correcta está proporcionada en la solicitud de beca. Todos los estudiantes están requeridos completar las preguntas abajo con información financiera del (los) formulario(s) de impuestos de su(s) padre(s) del 2013 (2012 solamente si no ha completado el 2013 todavía)

¿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 les consideran como padres en este formulario a menos que hayan adoptado al estudiante legalmente.

Los datos proporcionados en la sección financiera deben ser del (los) padre(s) que mantenga la casa en que vive el estudiante. Si el padre y su esposo(a) viven juntos pero llenen su formulario de impuestos por separados, deben combinar su información.

En el caso de divorcio o separación, proporcione información sobre aquel padre con quien el estudiante haya vivido más tiempo en 2013.

- 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 2013.
- Si el padre o madre divorciado(a) o viudo(a) está actualmente casado(a) en segundas nupcias, también proporcione información sobre el padrastro o la madrastra del estudiante.
- **No** incluye información de los impuestos de otro padre o madre natural que **vive en una casa separada**, aunque si el otro padre o madre natural está proveyendo manutención de menores, esta cantidad se debe reportar en el campo de ingresos y beneficios no tributables abajo.
- Las cantidades reportadas en los campos de ingresos totales del padre/padrastro o madre/madrastra abajo deben ser reflejadas en el(los) formulario(s) de impuestos presentado(s) con la solicitud.

Para imprimir instrucciones para ayudar a completar las preguntas abajo, haga clic aquí en U.S. y aquí en Puerto Rico.

Guardar

*** ¿Cuanto es el Ingreso Bruto Ajustado de su(s) padre(s)?**
Ingreso Bruto Ajustado se encuentra en el formulario US 1040 - Linea 37, 1040A - Linea 21, 1040EZ - Linea 4, PR Planilla - Linea 4

*** ¿Cuantos son los Impuestos Federales o Impuestos de Puerto Rico pagados de su(s) padre(s)?**
Impuestos pagados se encuentra en el formulario US 1040 - Linea 64, 1040A - Linea 35, 1040EZ - Linea 10, PR Planilla - Linea 22

*** Ingresos totales de su padre/padrastro**
W2 - Caja 1, Declaración 1099 - Caja 1

*** Ingresos totales de su madre/madrastra**
W2 - Caja 1, Declaración 1099 - Caja 1

*** Ingresos y beneficios no tributables de su(s) padre(s) (manutención de menores, seguro social no tributable, 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)

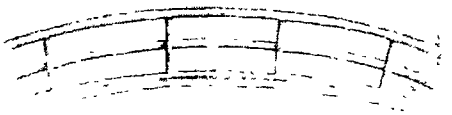
*** Estado civil de su(s) padre(s)**
- Casado(a)
- Divorciado(a)
- Separado(a) legalmente
- Viudo(a)
- Soltero(a)

*** Numero total de familiares que asistirán a la universidad por lo menos media jornada durante el año académico de 2014-15 (incluyendo el solicitante, NO incluyendo los padres)**
(Mínimo 1)

*** Estado de residencia**
(Estado donde el (los) padre(s) residen y pagan impuestos)
-- Seleccione Uno --

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

Guardar y Regresar | Guardar y Seguir



Programa de Becas de La Fundación Clara Abbott

Páginas de la Solicitud

ID de la Registracion 150997 Registrarse Por Primera Vez Desconectarse

1 Paginas de la Solicitud 2 Documentos Requeridos 3 Revisar 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

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 pagina de *Rever la Solicitud*. Mantenga la copia como evidencia de la información proporcionada.

Al seleccionar "SI" y ingresar mi nombre abajo, certifico que las siguientes afirmaciones son verdaderas en el 15 de abril de 2014

Guardar

*** La informacion proporcionada esta completa y es fidedigna. Una vez presentada, la solicitud pasa a ser propiedad de Scholarship Management Services. No se procesaran solicitudes incompletas en la fecha limite, incluyendo esas que faltan documentacion** – Seleccione Uno –

*** Entiendo que toda la documentacion requerida debe ser subida o enviada por correo postal el 15 de abril de 2014 a mas tardar** – Seleccione Uno –

*** El solicitante estudiantil es consciente de que esta solicitud fue completada y firmada en su nombre** – Seleccione Uno –

*** Entiendo que La Fundacion no tolerara el fraude, el engaño, ni la ocultacion con respecto a la informacion de la solicitud o obtenido durante el proceso de solicitar. Si La Fundacion determina que ha ocurrido tal comportamiento podria denegar una solicitud actual o pendiente y podria no dar asistencia futura. En lo que respecta a los empleados de Abbott/AbbVie, tal comportamiento se considera una violacion del Codigo de Conducta Empresarial de su compañia (el Codigo) y estara sujeto a las consecuencias estipuladas en el Codigo** – Seleccione Uno –

*** La Fundacion 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 Fundacion, Scholarship Management Services y sus agentes recibiran informacion personal. La informacion presentada se mantiene confidencial con excepcion de lo requerido por la ley o en caso si se determina (o se sospeche) el fraude, el engaño o la ocultacion con respecto a la informacion en esta solicitud o obtenida durante el proceso de solicitar** – Seleccione Uno –

*** La Fundacion puede declinar cualquier peticion para asistencia a su discrecion unica y entera** – Seleccione Uno –

*** El estudiante tiene entre 17 y 24 años de edad** – Seleccione Uno –

*** El estudiante es un hijo dependiente del empleado** *(Se define a un hijo dependiente como un hijo en el caso que este residiendo económicamente y/o viviendo con el empleado.)* – Seleccione Uno –

*** El estudiante se le inscribira en un curso de estudios subgraduados durante el año academico de 2014-15** – Seleccione Uno –

*** El estudiante no termino ni terminara su bachillerato antes de septiembre de 2014** – Seleccione Uno –

*** Firma del empleado/jubilado**

*** Fecha** *(formato: mm/dd/aaaa ejemplo: 02/05/2014)*

El boton/Los botones de abajo guardan automaticamente la informacion al navegar entre las páginas

Guardar y Regresar | Guardar y Seguir

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clarabbott@scholarshipamerica.org o 1-866-931-0419 o 1 507 931-0419
Terminos de Uso Politica de Privacidad

Programa de Becas de La Fundación Clara Abbott

Paso 3 - Documentos requeridos

ID de la Registracion 150997 [illegible] Desconectarse

1 Paginas de la Solicitud ▸ 2 Documentos Requeridos 3 [illegible] 4 [illegible]

Pasos del Programa

Páginas de la Solicitud:

- Información de El Estudiante y de la Escuela Pos|secundaria
- Información del Empleado
- Información Financiera de los Padres
- Certificación y Firma

Documentos Requeridos
Rever la Solicitud
Guardar y Desconectarse

Se requiere que todos los solicitantes envíen los documentos aplicables enumerados para completar su solicitud de beca Puede subir una copia electronica de cada documento requerido usando la herramienta abajo **o puede enviar los documentos por medio del correo postal con matasellos en o antes del 15 de abril de 2014** Si no presenta su solicitud o documentos requeridos perdera su oportunidad de recibir consideracion

1 **Requerido Para Todos Los Solicitantes**
Una copia de las primeras dos páginas del (los) formulario(s) de impuestos del IRS 1040 Federal del(los) padre(s)* o las primeras dos paginas de la(s) planilla(s) de PR del año fiscal de 2013 (2012 solamente si no ha completado el 2013 todavia) Si completo el Anejo CO de la planilla, debe enviar una copia del anejo

** "Padre" se refiere a un padre o una madre biologico(a) o adoptivo(a) Abuelos, padres de acogida, tutores legales, hermanos o hermanas mayores, y tios o tias 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 el estudiante haya vivido mas tiempo en 2013 De no vivir mas tiempo ni con el uno ni con el otro, proporcione informacion sobre el que le haya dado más ayuda economica al estudiante en 2013 Si su padre o madre divorciado o viudo está actualmente casado en segundas nupcias, tambien proporcione informacion del padrastro/la madrastra del estudiante

2 **Requerido Solo Para Los Beneficiarios Anteriores del Programa de Becas de La Fundacion Clara Abbott**
Presentar transcripcion(es) oficiales o no oficiales 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 credito obtenido para cada curso y el término cuando cada curso fue tomado **No se aceptan Informes o Boletines de Notas**

Estudiantes solicitando por primera vez no deben enviar transcripciones a Scholarship Management Services

3 **Requerido Solo Para Estudiantes Asistiendo a Una Escuela Vocacional-Tecnica**
Presentar documentacion 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 Este sitio sólo aceptará los archivos de PDF, JPG o PNG Antes de subir los archivos, debe asegurar que los nombres de los archivos describen correctamente los documentos y que no contienen espacios apostrofes ni otra puntuacion o caracteres especiales Se acepta guiones y guiones bajos Ejemplos 2013-USC-transcripcion-JDOE pdf o 2013_Planilla_JDoe pdf Abra y revise los archivos subidos para asegurar que son legibles y completos antes de presentar su solicitud

Su solicitud debe ser presentada en o antes del **15 de abril de 2014**

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

Documentos enviados por correo postal deben demostrar un matasellos del 15 de abril de 2014 a más tardar No se aceptarán documentos por fax o por correo electronico

Añadir un Documento Requerido Nuevo

Tipo de Archivo – Seleccione Uno –

Descripción

Archivo Browse...

[illegible] Los nombres de los archivos no pueden contener espacios "&" Deben tener el nombre del archivo antes de subirlo al sistema

Subir Documentación Requerida

Regresar Seguir y Rever la Solicitud

Programa de Becas de La Fundación Clara Abbott

Confirmación

ID de la Registracion 150997 Registrarse Descontectarse

1 Paginas de Solicitud 2 Documentos Requeridos 3 Rever ▸ 4 **Confirmación**

¡Su solicitud ha sido presentada!

Ha presentado exitosamente su solicitud para El Programa de Becas de La Fundacion Clara Abbott Recomendamos que imprima una copia de esta pagina como confirmacion de su presentacion

Por favor consulte su correo electronico para un mensaje con respecto a la presentacion exitosa y note que la correspondencia futura con respecto al programa estará por correo electronico Asegurese de consultar su buzon de basura para este mensaje si no llego a su buzon de mensajes

¿Preguntas con respecto al proceso de solicitar? Comuniquese con Scholarship America.

Correo electronico claraabbott@scholarshipamerica.org
Llame 1-866-931-0419 o 1-507-931-0419

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The dependent named on this submission received a Clara Abbott Foundation scholarship within the past 12 months

- Yes
- No

The dependent named on this submission will be applying for a scholarship for the upcoming school year

- Yes
- No

School grade reports will only be accepted for employees in China, India, Indonesia, Japan, Malaysia, Norway, Philippines, Russia, Singapore, and Thailand.

*Country

- China
- India
- Indonesia
- Japan
- Malaysia
- Norway
- Philippines
- Russia
- Singapore
- Thailand
- Other Country Not Listed

*Student Applicant Information

First Name _____

Middle Name _____

*Last Name _____

Clara Abbott ID Number

_____

*School Name on School Grade Report

_____

*School Country

- China
- India
- Indonesia
- Japan
- Malaysia
- Norway
- Philippines
- Russia
- Singapore
- Thailand
- Other Country Not Listed

*Other Country

Click the "Next" button to save and upload the school grade report.

Note: This form is not an application for a 2014/2015 scholarship award.

This application is for China, India, Indonesia, Japan, Malaysia, Norway, Philippines, Russia, Singapore, and Thailand

If your country is not listed, click here for deadlines.

*Country

- China
- India
- Indonesia
- Japan
- Malaysia
- Norway
- Philippines
- Russia
- Singapore
- Thailand
- Other Country Not Listed

Other Countries

Please refer to the application process on The Foundation's website.

*Where does the employee work?

- Abbott
- AbbVie
- Retired Abbott Employee
- Deceased Abbott Employee
- Former Abbott Employee

AbbVie Eligibility

The Clara Abbott Foundation is a not-for-profit organization managed and funded separately from Abbott. The Foundation was established through the will of Clara Abbott, the wife of Abbott's founder. The services offered by the Foundation are governed by the terms of that will As such, Foundation services will be limited to Abbott employees and qualified retirees following the separation.

To minimize the impact on AbbVie employees, the following exceptions will be provided: AbbVie employees who meet The Foundation's definition for retirement*, will retain eligibility for all Foundation services and programs. Dependents of AbbVie employees who received a Clara Abbott scholarship will continue to be eligible to apply for scholarships. * Upon global separation (1/1/2013), an employee meets the Foundation's retirement definition if he/she is: At least 50 years of age plus a minimum of 10 years of service, or 61 years of age plus a minimum of 9 years of service, or 62 years of age plus a minimum of 8 years of service, or 63 years of age plus a minimum of 7 years of service, or 64 years of age plus a minimum of 6 years of service, or 65 years of age plus a minimum of 5 years of service.

I meet The Foundation's definition for retirement

- ◯ Yes
- ◯ No

Instructions for retiree-eligible application

Continue with your application as a retired Abbott employee. Use the global separation date (1/1/2013) as your Abbott Last Day Worked.

The dependent named on this application received a previous Clara Abbott Foundation scholarship

- ◯ Yes
- ◯ No

Instructions for application for previously-awarded student

Continue with your application as a former Abbott employee.
For your Abbott last day worked, use: Employees in China - Local separation date June 1, 2013 Employees in Thailand - Local separation date April 1, 2013 All other employees - Global separation date January 1, 2013

Sorry, you are not eligible for a Clara Abbott Foundation scholarship

---

Employee Information

First Name	_____
*Last Name	_____
*Email	_____ ({{ user.email }})
*Address	_____
*City	_____
State	_____
Postal Code	_____
*Phone Number	_____

*Employee Date of Birth

This information is used to verify eligibility.

Month BEFORE THIS FORM IS USED AGAIN, ALL OF THE MONTHS MUST BE IN THE FORMAT nn - month (month number first) so ISIS can read months correctly!

- January

- February
- March
- April
- May
- June
- July
- August
- September
- October
- November
- December

Day
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10

... 10 additional choices hidden . .

- 22
- 23
- 24
- 25
- 26
- 27
- 28
- 29
- 30
- 31

Year
- 2012
- 2011
- 2010
- 2009
- 2008
- 2007
- 2006
- 2005
- 2004
- 2003

.. 62 additional choices hidden ...

- 1939
- 1938
- 1937
- 1936
- 1935
- 1934
- 1933
- 1932

• 1931
• 1930

*Employee Hire Date

This information is used to verify eligibility

Former Solvay employees: enter February 15, 2010 as your Abbott hire date

Month
• January
• February
• March
• April
• May
• June
• July
• August
• September
• October
• November
• December

Day
• 1
• 2
• 3
• 4
• 5
• 6
• 7
• 8
• 9
• 10

10 additional choices hidden .

• 22
• 23
• 24
• 25
• 26
• 27
• 28
• 29
• 30
• 31

Year
• 2013
• 2012
• 2011
• 2010
• 2009
• 2008
• 2007
• 2006
• 2005

- 2004
. 63 additional choices hidden ..
- 1939
- 1938
- 1937
- 1936
- 1935
- 1934
- 1933
- 1932
- 1931
- 1930

*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
- ◯ Former Abbott Employee

Active Employees must meet the following requirements to be eligible A minimum of two years of continuous service as an Abbott employee as of February 15, 2014 Eligible to receive Abbott employee benefits

Extended Disability Employees must meet the following requirements to be eligible: A minimum of two years of continuous service as an Abbott Employee as of February 15, 2014 Eligible to receive Abbott employee benefits Receiving Abbott or government disability pay

Retired Abbott Employees must meet the following requirement to be eligible. At least 50 years of age with a minimum of 10 years of continuous Abbott service as of the last day of employment

Is the employee eligible to receive Abbott benefits?

- ◯ Yes
- ◯ No

*Employee Division

- Abbott Diabetes Care (ADC)
- Abbott Diagnostics Division (ADD)
- Abbott Healthcare Solutions (India)
- Abbott International (AI)
- Abbott Medical Optics (AMO)
- Abbott Molecular (AM)
- Abbott Nutrition (AN)
- Abbott Point of Care (APOC)
- Abbott TrueCare (India)
- Abbott Vascular (AV)
- AbbVie
- Animal Health (AH)
- Corporate (CORP)
- Established Products Division (EPD)
- Global Pharmaceutical Operations (GPO)
- Pharmaceutical Products Division (PPD)
- Other

*Enter Employee Division

*Last Day of Abbott Employment

This information is used to verify eligibility.

AbbVie Employees

For your Abbott last day worked, enter: Employees in China - Local separation date June 1, 2013 Employees in Thailand - Local separation date April 1, 2013 All other employees - Global separation date January 1, 2013

Month

- January
- February
- March
- April
- May
- June
- July
- August
- September
- October
- November
- December

Day

- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10

.. 10 additional choices hidden ...

- 22
- 23
- 24
- 25
- 26
- 27
- 28
- 29
- 30
- 31

Year

- 2013
- 2012
- 2011
- 2010
- 2009
- 2008
- 2007

- 2006
- 2005
- 2004

.. 63 additional choices hidden ...

- 1939
- 1938
- 1937
- 1936
- 1935
- 1934
- 1933
- 1932
- 1931
- 1930

Student applicants must meet the following requirements: Unmarried child or step-child of the employee / retiree 17 - 24 years of age as of February 15, 2014 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 _____

Middle Name _____

*Last Name _____

Email Address _____

Cell / Mobile Phone _____

 Clara Abbott ID Number

_____

 *Student Date of Birth

This information is used to verify eligibility.

Month

- January
- February
- March
- April
- May
- June
- July
- August
- September
- October
- November
- December

Day,
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10

... 10 additional choices hidden . .

- 22
- 23
- 24
- 25
- 26
- 27
- 28
- 29
- 30
- 31

Year
- 2012
- 2011
- 2010
- 2009
- 2008
- 2007
- 2006
- 2005
- 2004
- 2003

... 62 additional choices hidden ...

- 1939
- 1938
- 1937
- 1936
- 1935
- 1934
- 1933
- 1932
- 1931
- 1930

*School Name for Upcoming School Year

If you have not confirmed your university, enter the school you will most likely attend

*School Country for Upcoming School Year

- China
- India
- Indonesia
- Japan
- Malaysia

- Norway
- Philippines
- Russia
- Singapore
- Thailand
- Other Country Not Listed

*Other Country

Total Gross Annual Income

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 Round to the nearest whole number Do not use commas or decimal points.

Note for Retiree Income

In the case of a retired Abbott employee, the amount must include total pension, government support and all other income, including income used to support the household (food, transportation, housing, utilities, etc.)

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

Note for Applicants of Deceased Employees:

In the case of a deceased Abbott employee, the amount must include total pension, government support and all other income, including income used to support the household (food, transportation, housing, utilities, etc.)

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

*Currency

Select the currency for the Total Gross Annual Income
- CNY - Chinese Renminbi
- NOK - Norwegian Krone
- INR - Indian Rupee
- PHP - Philippine Peso
- IDR - Indonesian Rupiah
- RUB - Russian Ruble
- JPY - Japanese Yen
- SGD - Singapore Dollar
- THB - Thai Bhat
- MYR - Malaysian Ringgit
- USD - United States Dollar

*Active Abbott or AbbVie Employees Related to the Student Applicant

Check all of the below statements that are true:

- [ ] Mother of student is an active Abbott or AbbVie employee
- [ ] Father of student is an active Abbott or AbbVie employee
- [ ] Step-Mother of student is an active Abbott or AbbVie employee
- [ ] Step-Father of student is an active Abbott or AbbVie employee
- [ ] None of the above statements are correct (Extended disability employees should select one of the statements above)

*Number of Dependents

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

- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8 or more

Instructions for deceased employees Enter the number of dependents who lived in the same house and were financially-dependent on the deceased Abbott employee. Example: Widowed spouse + student applicant + other child = 3 dependents

---

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
- [ ] 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/AbbVie employees, any such behavior is considered a violation of the their company's 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
- [ ] 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)
- [ ] Your personal information will be transferred to, and stored outside your home country – including the United States and other countries Privacy laws in those countries may not protect your personal information to the same extent as laws in your home country. However, The Clara Abbott Foundation has adopted processes and practices to ensure a continuing adequate level of protection for your personal information
- [ ] The Foundation may decline any request for assistance at its sole and entire discretion

Agreement

- [ ] Yes, I agree with the above Terms and Conditions

Review Your Application

Please review your application. If it is correct, please select the "Save and Exit" button to return to the application home page.

After you have completed this form, you must complete the remaining tasks on your application home page in order to be considered for a scholarship.

School Year: 2014 / 2015
Country· {{ country }}

Employee Information:
Last Name: {{ employee.1 }}
First Name: {{ employee.0 }}
Phone: {{employee 7 }}
Email: {{employee.2 }}

Address:
{{ employee.3 }}
{{ employee.4 }} {{ employee 5 }} {{ employee.6 }}

Date of Birth· {{ employee-dob-month }} {{ employee-dob-day }} {{ employee-dob-year }}
Hire Date: {{ employee-hire-month }} {{ employee-hire-day }} {{ employee-hire-year }}
Term / Retirement Date: {{ employee-ldw-month }} {{ employee-ldw-day }} {{ employee-ldw-year }}

Where does employee work? {{ separation }}
Employment Status {{ employee-status }}
Eligible for Benefits {{ employee-benefits }}

Division: {{ employee-division }} {{ employee-division-other }}

Student Information:
Last Name {{ student.2 }}
First Name {{ student.0 }}
Middle Name. {{ student 1 }}
Email: {{ student.3 }}
Cell: {{ student.4 }}

Student Previously Received a Clara Abbott Foundation Scholarship: {{ student-prev-scholar }}
Clara Abbott ID Number {{ student-caid }}

Student's Date of Birth: {{ student-dob-month }} {{ student-dob-day }} {{ student-dob-year }}

School Information:
School Name: {{ student-school-name }}
School Country. {{student-school-country }} {{ student-school-other }}

Income Information
Total Gross Annual Income {{ income-gross }}
Currency: {{ income-currency }}
Number of Dependents: {{ income-dependents }}
Employee Information: {{ income-related }}

This application is for September deadline countries.

If your country is not listed, visit our website for a listing of country deadline dates and application procedures. CLICK

*Country

- Argentina
- Australia
- Brazil
- Chile
- Colombia
- Costa Rica
- El Salvador
- Guatemala
- Honduras
- Jamaica
- New Zealand
- Nicaragua
- Pakistan
- Panama
- Peru
- South Africa
- South Korea
- Uruguay
- ~Other Country Not Listed

Other Countries

Please refer to our website for application deadlines and procedures.

*Where does the employee work?

- Abbott
- AbbVie
- Retired Abbott Employee
- Deceased Abbott Employee
- Former Abbott Employee

AbbVie Eligibility

As you may know, The Clara Abbott Foundation is a not-for-profit organization managed and funded separately from Abbott. The Foundation was established through the will of Clara Abbott, the wife of Abbott's founder. The services offered by the Foundation are governed by the terms of that will. As such, Foundation services will be limited to Abbott employees and qualified retirees following the separation.

To minimize the impact on AbbVie employees, the following exceptions will be provided: AbbVie employees who meet The Foundation's definition for retirement*, will retain eligibility for all Foundation services and programs. Dependents of AbbVie employees who received a Clara Abbott scholarship will continue to be eligible to apply for a scholarship.
* Upon global separation, an employee meets the Foundation's retirement definition if he/she is: At least 50 years of age plus a minimum of 10 years of service, or 61 years of age plus a minimum of 9 years of service, or 62 years of age plus a minimum of 8 years of service, or 63 years of age plus a minimum of 7 years of service, or 64 years of age plus a minimum of 6 years of service, or 65 years of age plus a minimum of 5 years of service.

I meet The Foundation's definition for retirement

- ○ Yes
- ○ No

Instructions for retiree-eligible application

Continue with your application as a retired Abbott employee. Use the global separation date (1/1/2013) as your Abbott Last Day Worked.

The student named on this application received a previous Clara Abbott Foundation scholarship

- ○ Yes
- ○ No

Instructions for application for previously-awarded student

Continue with your application as a former Abbott employee. Use the global separation date (1/1/2013) as your Abbott Last Day Worked.

Sorry, you are not eligible for a 2014 Clara Abbott Foundation scholarship.

Abbott Employee Information

First Name	_____
*Last Name	_____
*Email	_____ ({{ user.email }})
*Address	_____
*City	_____
State	_____
Postal Code	_____
*Phone Number	_____

*Employee Date of Birth

This information is used to verify eligibility.

Month
- 01 - January
- 02 - February
- 03 - March
- 04 - April
- 05 - May
- 06 - June
- 07 - July

- 08 - August
- 09 - September
- 10 - October
- 11 - November
- 12 - December

Day
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10

. 10 additional choices hidden ...
- 22
- 23
- 24
- 25
- 26
- 27
- 28
- 29
- 30
- 31

Year
- 2000
- 1999
- 1998
- 1997
- 1996
- 1995
- 1994
- 1993
- 1992
- 1991

. . 50 additional choices hidden .
- 1939
- 1938
- 1937
- 1936
- 1935
- 1934
- 1933
- 1932
- 1931
- 1930

*Employee Hire Date

This information is used to verify eligibility.

Former Solvay employees: enter February 15, 2010 as your Abbott hire date.

Month
- 01 - January
- 02 - February
- 03 - March
- 04 - April
- 05 - May
- 06 - June
- 07 - July
- 08 - August
- 09 - September
- 10 - October
- 11 - November
- 12 - December

Day
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10

... 10 additional choices hidden ..

- 22
- 23
- 24
- 25
- 26
- 27
- 28
- 29
- 30
- 31

Year
- 2013
- 2012
- 2011
- 2010
- 2009
- 2008
- 2007
- 2006
- 2005
- 2004

. . 63 additional choices hidden ...

- 1939
- 1938
- 1937
- 1936

- 1935
- 1934
- 1933
- 1932
- 1931
- 1930

*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
- ◯ Former Abbott Employee

Active Employees must meet the following requirements to be eligible: A minimum of two years of continuous service as an Abbott Employee as of September 15, 2013 Eligible to receive Abbott employee benefits

Extended Disability Employees must meet the following requirements to be eligible: A minimum of two years of continuous service as an Abbott Employee as of September 15, 2013 Eligible to receive Abbott employee benefits Receiving Abbott or government disability pay

Retired Abbott Employees must meet the following requirement to be eligible: At least 50 years of age with a minimum of 10 years of continuous Abbott service as of the last day of employment

*Is the Employee eligible to receive Abbott benefits?

- ◯ Yes
- ◯ No

What company does the employee work for in the UK?

Refer to your pay slip for your company name.

- ◯ Abbott Diabetes Care, Ltd
- ◯ Abbott Healthcare Products, Ltd
- ◯ Abbott Laboratories, Ltd
- ◯ AbbVie Ltd
- ◯ AMO Ltd
- ◯ Murex Biotech, Ltd
- ◯ Starlims Europe Ltd

*At what location do you work?

- ◯ Rio de Janeiro
- ◯ Sao Paulo
- ◯ Field Sales

*Employee Division

- Abbott Diabetes Care (ADC)
- Abbott Diagnostics Division (ADD)
- Abbott International (AI)
- Abbott Medical Optics (AMO)
- Abbott Molecular (AM)
- Abbott Nutrition (AN)
- Abbott Point of Care (APOC)
- Abbott Vascular (AV)

- Animal Health (AH)
- Corporate (CORP)
- Established Products Division (EPD)
- Global Pharmaceutical Operations (GPO)
- Pharmaceutical Products Division (PPD)
- ~Other Division Not Listed

*Enter Employee's Abbott Division

---

*Last Day of Abbott Employment

This information is used to verify eligibility.

AbbVie employees should enter January 1, 2013

*Last Day of Abbott Employment

This information is used to verify eligibility.

Month
- 01 - January
- 02 - February
- 03 - March
- 04 - April
- 05 - May
- 06 - June
- 07 - July
- 08 - August
- 09 - September
- 10 - October
- 11 - November
- 12 - December

Day
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10

.. 10 additional choices hidden ...

- 22
- 23
- 24
- 25
- 26
- 27
- 28
- 29
- 30
- 31

Year
- 2013
- 2012
- 2011
- 2010
- 2009
- 2008
- 2007
- 2006
- 2005
- 2004

. 63 additional choices hidden ...

- 1939
- 1938
- 1937
- 1936
- 1935
- 1934
- 1933
- 1932
- 1931
- 1930

Student Applicants must meet the following requirements:
Unmarried child or step-child of the employee / retiree 17 - 24 years of age as of September 15, 2013 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 _____

Middle Name _____

*Last Name _____

Email Address _____

Cell / Mobile Phone _____

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

- Yes
- No

*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

This information is used to verify eligibility.

Month
- 01 - January
- 02 - February
- 03 - March
- 04 - April
- 05 - May
- 06 - June
- 07 - July
- 08 - August
- 09 - September
- 10 - October
- 11 - November
- 12 - December

Day
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10

.. 10 additional choices hidden ..

- 22
- 23
- 24
- 25
- 26
- 27
- 28
- 29
- 30
- 31

Year
- 2010
- 2009
- 2008
- 2007
- 2006
- 2005
- 2004
- 2003
- 2003
- 2001

. . 20 additional choices hidden ...

- 1979
- 1978
- 1977
- 1976

- 1975
- 1974
- 1973
- 1972
- 1971
- 1970

*University Name for Upcoming School Year

If you have not confirmed your university, enter the school you will most likely attend.

_____

*School Country for Upcoming School Year

- Argentina
- Australia
- Brazil
- Chile
- Colombia
- Costa Rica
- El Salvador
- Guatemala
- Honduras
- Jamaica
- New Zealand
- Nicaragua
- Pakistan
- Panama
- Peru
- South Africa
- South Korea
- United States
- Uruguay
- ~Other Country Not Listed

*Other Country

_____

Total Gross Annual Income

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 Round to the nearest whole number. Do not use commas or decimal points.

Note for Retiree Income·

In the case of a retired Abbott employee, the amount must include total pension, government support and all other income, including income used to support the household (food, transportation, housing, utilities, etc)

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

Note for Applicants of Deceased Employees:

In the case of a deceased Abbott employee, the amount must include total pension, government support and all other income, including income used to support the household (food, transportation, housing, utilities, etc.)

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

*Currency

Select the currency for the Total Gross Annual Income
- ARS - Argentine Peso
- AUD Australian Dollar
- BRL - Brazilian Real
- CLP - Chilean Peso
- COP - Colombian Peso
- CRC - Costa Rican Colon
- USD - El Salvador US Dollar
- GTQ - Guatemalan Quetzal
- HNL - Honduran Lempira
- JMD - Jamaican Dollar
- NZD - New Zealand Dollar
- NIO - Nicaraguan Cordoba
- PKR - Pakistani Rupee
- PAB - Panamanian Balboa
- PEN - Peruvian Nuevo Sol
- ZAR - South African Rand
- KRW - South Korean Won
- UYU - Uruguayan Peso
- USD - United States Dollar

Employees in Pakistan

You must request your 2012 Salary Certificate from your Payroll Manager. Do not submit your pay slips. Only the Salary Certificate from your Payroll Manager will be accepted.

*Active Abbott or AbbVie Employees Related to the Student Applicant

Check all of the below statements that are true
- Mother of student is an active Abbott or AbbVie employee
- Father of student is an active Abbott or AbbVie employee
- Step-Mother of student is an active Abbott or AbbVie employee
- Step-Father of student is an active Abbott or AbbVie 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 employee Example: Employee + spouse + student applicant + other child = 4 dependents
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8 or more

Instructions for applicants of deceased employees: Enter the number of dependents who lived in the same house and were financially-dependent on the deceased Abbott employee Example. Widowed spouse + student applicant + other child = 3 dependents

---

*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
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/AbbVie employees, any such behavior is considered a violation of the their company's 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
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)
Your personal information will be transferred to, and stored outside your home country – including the United States and other countries. Privacy laws in those countries may not protect your personal information to the same extent as laws in your home country. However, The Clara Abbott Foundation has adopted processes and practices to ensure a continuing adequate level of protection for your personal information.
The Foundation may decline any request for assistance at its sole and entire discretion

*Agreement

Yes, I agree with the above Terms and Conditions

---

*For email correspondence relating to this application, what language do you prefer?

- English
- French
- Italian
- Spanish
- Portuguese

Review your Application

Please review your application. If it is correct, please select the "Save and Exit" button to return to the application home page

After you have completed this form, you must complete the remaining tasks on your application home page in order to be considered for a scholarship.

School Year: 2014
Country: {{ country }}
App ID: {{ submission.reference_id }}

Employee Information·
Last Name {{ employee 1 }}
First Name {{ employee.0 }}
Phone: {{employee.7 }}
Email: {{employee.2 }}

Address:
{{ employee 3 }}
{{ employee 4 }} {{ employee.5 }} {{ employee 6 }}

Date of Birth:
Month: {{ employee-dob-month }}, Day: {{ employee-dob-day }}, Year: {{ employee-dob-year }}
Hire Date
Month: {{ employee-hire-month }}, Day: {{ employee-hire-day }}, Year: {{ employee-hire-year }}
Term / Retirement Date:
Month: {{ employee-ldw-month }}, Day: {{ employee-ldw-day }}, Year: {{ employee-ldw-year }}

Where does employee work? {{ separation }}
Employment Status: {{ employee-status }}
Eligible for Benefits: {{ employee-benefits }}

Division: {{ employee-division }} {{ employee-division-other }}
Brazil Only: {{ employee-brazil }}

Student Information
Last Name. {{ student.2 }}
First Name: {{ student.0 }}
Middle Name {{ student 1 }}
Email: {{ student.3 }}
Cell: {{ student.4 }}

Student Previously Received a Clara Abbott Foundation Scholarship: {{ student-prev-scholar }}
Clara Abbott ID Number {{ student-caid }}

Student's Date of Birth:
Month {{ student-dob-month }}, Day: {{ student-dob-day }}, Year: {{ student-dob-year }}

School Information:
School Name {{ student-school-name }}
School Country: {{student-school-country }} {{ student-school-other }}

Income Information.
Total Gross Annual Income {{ income-gross }}
Currency: {{ income-currency }}
Number of Dependents: {{ income-dependents }}
Employee Information: {{ income-related }}

The dependent named on this submission received a Clara Abbott Foundation scholarship within the past 12 months

- ○ Yes
- ○ No

The dependent named on this submission will be applying for a scholarship for the upcoming school year

- ○ Yes
- ○ No

This application is for May deadline countries.

If your country is not listed, visit our website for a listing of country deadline dates and application procedures.

*Country

- Aruba
- Kuwait
- Austria
- Latvia
- Belgium
- Lebanon
- Bosnia/Herzegovina
- Lithuania
- Bulgaria
- Mexico

. . 34 additional choices hidden ...

- Venezuela
- Jordan
- Yemen
- Bahamas
- Curacao
- Trinidad and Tobago
- Kazakhstan
- -Other Country Not Listed
- Vietnam
- Ukraine

Student Applicant Information

First Name _____

Middle Name _____

*Last Name _____

Clara Abbott ID Number

_____

*School Name on School Grade Report

_____

*School Country

- Aruba
- Kuwait
- Austria
- Latvia
- Belgium
- Lebanon
- Bosnia/Herzegovina
- Lithuania
- Bulgaria
- Mexico

. . 34 additional choices hidden ...

- Venezuela
- Jordan
- Yemen
- Bahamas
- Curacao
- Trinidad and Tobago
- Kazakhstan
- -Other Country Not Listed
- Vietnam
- Ukraine

*Other Country

_____

*For email correspondence, what language do you prefer?

- English
- French
- Italian
- Spanish

Click the "Next" button to save and upload the school grade report.

Note: This form is not an application for a 2014/2015 scholarship award.

This application is for May deadline countries.

If your country is not listed, visit our website for a listing of country deadline dates and application procedures.

*Country

- Aruba
- Kuwait
- Austria
- Latvia
- Belgium
- Lebanon
- Bosnia/Herzegovina
- Lithuania
- Bulgaria
- Mexico

.. 34 additional choices hidden ..
- Venezuela
- Jordan
- Yemen
- Bahamas
- Curacao
- Trinidad and Tobago
- Kazakhstan
- -Other Country Not Listed
- Vietnam
- Ukraine

Other Countries

Please refer to our website for application deadlines and procedures

---

*Where does the employee work?

- Abbott
- AbbVie
- Retired Abbott Employee
- Deceased Abbott Employee
- Former Abbott Employee

AbbVie Eligibility

The Clara Abbott Foundation is a not-for-profit organization managed and funded separately from Abbott The Foundation was established through the will of Clara Abbott, the wife of Abbott's founder The services offered by the Foundation are governed by the terms of that will. As such, Foundation services will be limited to Abbott employees and qualified retirees following the separation.

To minimize the impact on AbbVie employees, the following exceptions will be provided. AbbVie employees who meet The Foundation's definition for retirement*, will retain eligibility for all Foundation services and programs. Dependents of AbbVie employees who received a Clara Abbott scholarship will continue to be eligible to apply for a scholarship.
* Upon global separation, an employee meets the Foundation's retirement definition if he/she is: At least 50 years of age plus a minimum of 10 years of service, or 61 years of age plus a minimum of 9 years of service, or 62 years of age plus a minimum of 8 years of service, or 63 years of age plus a minimum of 7 years of service, or 64 years of age plus a minimum of 6 years of service, or 65 years of age plus a minimum of 5 years of service.

I meet The Foundation's definition for retirement

- ○ Yes
- ○ No

Instructions for retiree-eligible application

Continue with your application as a retired Abbott employee.

For your Abbptt last day worked, use: Model D Countries - Local Separation Date All other employees - Global Separation Date of January 1, 2013

The student named on this application received a previous Clara Abbott Foundation scholarship

- ◯ Yes
- ◯ No

Instructions for application for previously-awarded student

Continue with your application as a former Abbott employee.

For your Abbott last day worked, use: Model D Countries - Local Separation Date All other employees - Global Separation Date of January 1, 2013

Sorry, you are not eligible for a 2014/2015 Clara Abbott Foundation scholarship.

Abbott Employee Information

First Name	_____
*Last Name	_____
*Email	_____ ({{ user.email }})
*Address	_____
*City	_____
State	_____
Postal Code	_____
*Phone Number	_____

*Employee Date of Birth

This information is used to verify eligibility.

Month
- 01 - January
- 02 - February
- 03 - March
- 04 - April
- 05 - May
- 06 - June
- 07 - July
- 08 - August
- 09 - September
- 10 - October
- 11 - November
- 12 - December

Day
- 1
- 2
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- 10

... 10 additional choices hidden ...

- 22
- 23
- 24
- 25
- 26
- 27
- 28
- 29
- 30
- 31

Year

- 2000
- 1999
- 1998
- 1997
- 1996
- 1995
- 1994
- 1993
- 1992
- 1991

.. 50 additional choices hidden ...

- 1939
- 1938
- 1937
- 1936
- 1935
- 1934
- 1933
- 1932
- 1931
- 1930

*Employee Hire Date

This information is used to verify eligibility.

Former Solvay employees: enter February 15, 2010 as your Abbott hire date.

Month

- 01 - January
- 02 - February
- 03 - March
- 04 - April
- 05 - May
- 06 - June
- 07 - July
- 08 - August
- 09 - September

• 10 - October
• 11 - November
• 12 - December

Day
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... 10 additional choices hidden ..
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Year
• 2014
• 2013
• 2012
• 2011
• 2010
• 2009
• 2008
• 2007
• 2006
• 2005
... 64 additional choices hidden
• 1939
• 1938
• 1937
• 1936
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• 1934
• 1933
• 1932
• 1931
• 1930

*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
◯ Former Abbott Employee

Active Employees must meet the following requirements to be eligible: A minimum of two years of continuous service as an Abbott Employee as of May 15, 2014 Eligible to receive Abbott employee benefits

Extended Disability Employees must meet the following requirements to be eligible: A minimum of two years of continuous service as an Abbott Employee as of May 15, 2014 Eligible to receive Abbott employee benefits Receiving Abbott or government disability pay

Retired Abbott Employees must meet the following requirement to be eligible: At least 50 years of age with a minimum of 10 years of continuous Abbott service as of the last day of employment

*Is the Employee eligible to receive Abbott benefits?

◯ Yes
◯ No

*What company does the employee work for in the UK?

Refer to your pay slip for your company name.
◯ Abbott Diabetes Care, Ltd
◯ Abbott Healthcare Products, Ltd
◯ Abbott Laboratories, Ltd
◯ AbbVie Ltd
◯ AMO Ltd
◯ Murex Biotech, Ltd
◯ Starlims Europe Ltd

*Select employee/retiree work location:

◯ Sligo - Diagnostics
◯ Sligo - International
◯ Sligo - Nutrition
◯ Clonmel
◯ Cootehill
◯ Donegal
◯ Longford
◯ Dublin
◯ Other, please specify.. _____

*Employee Division

- Abbott Diabetes Care (ADC)
- Abbott Diagnostics Division (ADD)
- Abbott International (AI)
- Abbott Medical Optics (AMO)
- Abbott Molecular (AM)
- Abbott Nutrition (AN)
- Abbott Point of Care (APOC)
- Abbott Vascular (AV)
- Animal Health (AH)
- Corporate (CORP)
- Established Products Division (EPD)
- Global Pharmaceutical Operations (GPO)
- Pharmaceutical Products Division (PPD)
- Other

*Enter Employee's Abbott Division

Last Day of Abbott Employment

This information is used to verify eligibility.

AbbVie employees - For your Abbott last day worked, use: Model D Countries - Local Separation Date All other employees - Global Separation Date of January 1, 2013

*Last Day of Abbott Employment

This information is used to verify eligibility.

Month
- 01 - January
- 02 - February
- 03 - March
- 04 - April
- 05 - May
- 06 - June
- 07 - July
- 08 - August
- 09 - September
- 10 - October
- 11 - November
- 12 - December

Day
- 1
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- 10

.. 10 additional choices hidden ...

- 22
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- 31

Year
- 2014
- 2013

- 2012
- 2011
- 2010
- 2009
- 2008
- 2007
- 2006
- 2005

... 64 additional choices hidden ..

- 1939
- 1938
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- 1932
- 1931
- 1930

Student Applicants must meet the following requirements: Unmarried child or step-child of the employee / retiree 17 - 24 years of age as of May 15, 2014 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 _____

Middle Name _____

*Last Name _____

Email Address _____

Cell / Mobile Phone _____

Clara Abbott ID Number

_____

*Student Date of Birth

This information is used to verify eligibility.

Month

- 01 - January
- 02 - February
- 03 - March
- 04 - April
- 05 - May
- 06 - June
- 07 - July
- 08 - August
- 09 - September

• 10 - October
• 11 - November
• 12 - December

Day
• 1
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... 10 additional choices hidden ...
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Year
• 2010
• 2009
• 2008
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• 2006
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• 2004
• 2003
• 2003
• 2001
... 20 additional choices hidden
• 1979
• 1978
• 1977
• 1976
• 1975
• 1974
• 1973
• 1972
• 1971
• 1970

*University Name for Upcoming School Year

If you have not confirmed your university, enter the school you will most likely attend.

*School Country for Upcoming School Year

- Aruba
- Kuwait
- Austria
- Latvia
- Belgium
- Lebanon
- Bosnia/Herzegovina
- Lithuania
- Bulgaria
- Mexico

.. 34 additional choices hidden ...

- Venezuela
- Jordan
- Yemen
- Bahamas
- Curacao
- Trinidad and Tobago
- Kazakhstan
- -Other Country Not Listed
- Vietnam
- Ukraine

*Other Country

Total Gross Annual Income

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

Note for Retiree Income:

In the case of a retired Abbott employee, the amount must include total pension, government support and all other income, including income used to support the household (food, transportation, housing, utilities, etc)

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

Note for Applicants of Deceased Employees:

In the case of a deceased Abbott employee, the amount must include total pension, government support and all other income, including income used to support the household (food, transportation, housing, utilities, etc.)

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

Round to the nearest whole number. Do not use commas or decimal points

---

*Currency

Select the currency for the Total Gross Annual Income
- AED - Emirati Dirham
- ANG - Dutch Guilder
- AWG - Aruba Guilders
- BAM - Bosnia and Herzegovina Convertible Marka
- BGN - Bulgaria Leva
- CAD - Canada Dollar
- CHF - Swiss Franc
- CZK - Czech Republic Koruny
- DKK - Denmark Kroner
- DOP - Dominican Republic Pesos

... 19 additional choices hidden ...

- SEK - Swedish Krona
- TRY - Turkish Lira
- TTD - Trinidadian Dollar
- TWD - Taiwan New Dollar
- UAH - Ukrainian Hryvnia
- USD - United States Dollar
- UZS - Uzbekistani Som
- VEF - Venezuelan Bolivar
- YER - Yemeni Rial
- VND - Vietnamese Dong

*Active Abbott or AbbVie Employees Related to the Student Applicant

Check all of the below statements that are true
- Mother of student is an active Abbott or AbbVie employee
- Father of student is an active Abbott or AbbVie employee
- Step-Mother of student is an active Abbott or AbbVie employee
- Step-Father of student is an active Abbott or AbbVie employee
- None of the above statements are correct (Extended disability employees should select one of the statements above)

*Number of Dependents

Enter the number of dependents living in the same house and financially-dependent on the employee. Example: Employee + spouse + student applicant + other child = 4 dependents
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8 or more

Instructions for applicants of deceased employees Enter the number of dependents who lived in the same house and were financially-dependent on the deceased Abbott employee. Example Widowed spouse + student applicant + other child = 3 dependents

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

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/AbbVie employees, any such behavior is considered a violation of the their company's 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.
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).
Your personal information will be transferred to, and stored outside your home country – including the United States and other countries. Privacy laws in those countries may not protect your personal information to the same extent as laws in your home country However, The Clara Abbott Foundation has adopted processes and practices to ensure a continuing adequate level of protection for your personal information.
The Foundation may decline any request for assistance at its sole and entire discretion

Agreement

Yes, I agree with the above Terms and Conditions

*For email correspondence relating to this application, what language do you prefer?

- English
- French
- Italian
- Spanish

Review your Application

Please review your application. If it is correct, please select the "Save and Exit" button to return to the application home page.

After you have completed this form, you must complete the remaining tasks on your application home page in order to be considered for a scholarship.

School Year: 2014
Country {{ country }}

Employee Information:
Last Name {{ employee.1 }}
First Name. {{ employee.0 }}
Phone. {{employee 7 }}
Email: {{employee.2 }}

Address:
{{ employee.3 }}
{{ employee.4 }} {{ employee 5 }} {{ employee 6 }}

Date of Birth:
Month {{ employee-dob-month }}, Day: {{ employee-dob-day }}, Year: {{ employee-dob-year }}
Hire Date:
Month {{ employee-hire-month }}, Day: {{ employee-hire-day }}, Year: {{ employee-hire-year }}
Term / Retirement Date:
Month {{ employee-ldw-month }}, Day: {{ employee-ldw-day }}, Year: {{ employee-ldw-year }}

Where does employee work? {{ separation }}
Employment Status: {{ employee-status }}
Eligible for Benefits: {{ employee-benefits }}

Division: {{ employee-division }} {{ employee-division-other }}
UK: {{ employee-uk }}

Student Information:
Last Name: {{ student.2 }}
First Name: {{ student 0 }}
Middle Name: {{ student.1 }}
Email: {{ student.3 }}
Cell: {{ student.4 }}

Student Previously Received a Clara Abbott Foundation Scholarship: {{ student-prev-scholar }}
Clara Abbott ID Number. {{ student-caid }}

Student's Date of Birth:
Month: {{ student-dob-month }}, Day: {{ student-dob-day }}, Year: {{ student-dob-year }}

School Information:
School Name: {{ student-school-name }}
School Country: {{student-school-country }} {{ student-school-other }}

Income Information:
Total Gross Annual Income: {{ income-gross }}
Currency: {{ income-currency }}
Number of Dependents {{ income-dependents }}
Employee Information: {{ income-related }}

*Cet étudiant a-t-il reçu une bourse de la Fondation Clara Abbott au cours des 12 derniers mois?

- ◯ Oui
- ◯ Non

La personne à charge dont le nom figure dans cet envoi fera une demande de bourse pour l'année scolaire à venir

- ◯ Oui
- ◯ Non

Cette demande s'applique aux pays pour lesquels il existe une date limite en mai.

Si votre pays ne figure pas sur la liste, visitez notre site Web pour voir la liste des dates limites par pays et les procédures de demandes.

*Pays

- Aruba
- Kuwait
- Austria
- Latvia
- Belgium
- Lebanon
- Bosnia/Herzegovina
- Lithuania
- Bulgaria
- Mexico

.. 34 additional choices are hidden ..

- Venezuela
- Jordan
- Yemen
- Bahamas
- Curacao
- Trinidad and Tobago
- Kazakhstan
- -Pays ne figurant pas
- Vietnam
-

Information concernant la demande de l'étudiant

Prénom _____

Deuxième prénom _____

*Nom de famille _____

Numéro d'ID Clara Abbott

_____

*Nom de l'école sur le rapport d'école primaire

_____

*Pays de l'école

- Aruba
- Kuwait
- Austria
- Latvia
- Belgium
- Lebanon
- Bosnia/Herzegovina
- Lithuania
- Bulgaria
- Mexico

... 34 additional choices are hidden ...

- Venezuela
- Jordan
- Yemen
- Bahamas
- Curacao
- Trinidad and Tobago
- Kiribati
- -Pays ne figurant pas
-
-

*Autre pays

_____

*Pour la correspondance par courriel, quelle langue préférez-vous?

- English
- French
- Italian
- Spanish

Cliquez sur le bouton "Suivant" pour sauvegarder et télécharger le rapport d'année scolaire.

Remarque. Ce formulaire n'est pas une demande de bourse d'études 2014/2015.

Cette demande s'applique aux pays pour lesquels il existe une date limite en mai.

Si votre pays ne figure pas sur la liste, visitez notre site Web pour voir la liste des dates limites par pays et les procédures de demandes.

*Pays

- Aruba
- Kuwait
- Austria
- Latvia
- Belgium
- Lebanon
- Bosnia/Herzegovina
- Lithuania

• Bulgaria
• Mexico
. . 34 additional choices are hidden ...
• Venezuela
• Jordan
• Yemen
• Bahamas
• Curacao
• Trinidad and Tobago
• Kazakhstan
• -Pays ne figurant pas
• Vietnam
•

Autre Pays

Cette demande s'applique aux pays pour lesquels il existe une date limite en mai.

*Où l'employé travaille-t-il?

• Abbott
• AbbVie
• Employé retraité d'Abbott
• Employé d'Abbott décédé
• Ancien employé d'Abbott

Admissibilité AbbVie

La Fondation Clara Abbott est un organisme sans but lucratif dont la gestion et le financement sont distincts d'Abbott. La Fondation a été fondée grâce au testament de Clara Abbott, l'épouse du fondateur d'Abbott. Les services proposés par la Fondation sont régis par les termes de ce testament En conséquence, les services de la Fondation seront limités aux employés d'Abbott et aux retraités admissibles après leur départ de la société.

Afin de minimiser l'impact pour les employés d'AbbVie, les exceptions suivantes seront fournies · Les employés d'AbbVie qui répondent à la définition de la Fondation pour la retraite* resteront admissibles à tous les services et programmes de la Fondation. Les personnes à charge des employés d'Abbvie qui ont reçu une bourse Clara Abbott resteront admissibles à une demande de bourse.
* Au moment de la cessation d'emploi complète, un employé répond à la définition de la retraite de la Fondation si il ou elle a.. au moins 50 ans plus un minimum de 10 années de service, ou 61 ans plus au moins 9 années de service, ou 62 ans plus au moins 8 années de service, ou 63 ans plus au moins 7 années de service, ou 64 ans plus au moins 6 années de service, ou 65 ans plus au moins 5 années de service.

Je satisfais aux critères de définition de la retraite de la Fondation.

◯ Oui
◯ Non

Instructions pour la demande d'un retraité admissible

Continuez votre demande en tant qu'employé retraité d'Abbott.

Pour votre dernier jour travaillé chez Abbott, utilisez : Pays de modèle D – Date de cessation d'emploi locale Tous les autres employés – Date de cessation d'emploi internationale : 1er janvier 2013

L'étudiant nommé dans cette demande a déjà reçu une bourse de la Fondation Clara Abbott.

- Oui
- Non

Instructions pour la demande pour un étudiant ayant déjà bénéficié d'une bourse.

Continuez votre demande en tant qu'ancien employé d'Abbott.

Pour votre dernier jour travaillé chez Abbott, utilisez : Pays de modèle D – Date de cessation d'emploi locale Tous les autres employés – Date de cessation d'emploi internationale : 1er janvier 2013

Désolé, vous n'êtes pas admissible à une bourse 2014/2015 de la Fondation Clara Abbott.

Information à l'intention des employés d'Abbott

Prénom	_____
*Nom de famille	_____
*Email	_____ ({{ user.email }})
*Adresse	_____
*Ville	_____
*Etat	_____
Code postal	_____
*Numéro de téléphone	_____

*Date de naissance de l'employé

Cette information est utilisée pour vérifier l'admissibilité.

Mois
- 01 - janvier
- 02 - février
- 03 - mars
- 04 - avril
- 05 - mai
- 06 - juin
- 07 - juillet
- 08 - août
- 09 - septembre
- 10 - octobre
- 11 - novembre
- 12 - décembre

Jour
- 1
- 2

• 3
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.. 10 additional choices are hidden . .
• 22
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Année
• 2000
• 1999
• 1998
• 1997
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• 1995
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• 1993
• 1992
• 1991
.. 50 additional choices are hidden ...
• 1939
• 1938
• 1937
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• 1931
• 1930

*Date d'embauche de l'employé

Cette information est utilisée pour vérifier l'admissibilité.

Anciens employés de Solvay Saisir la date du 15 février 2010 comme date d'embauche chez Abbott.

Mois
• 01 - janvier
• 02 - février
• 03 - mars
• 04 - avril
• 05 - mai
• 06 - juin
• 07 - juillet

• 08 - août
• 09 - septembre
• 10 - octobre
• 11 - novembre
• 12 - décembre

Jour
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... 10 additional choices are hidden ...
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Année
• 2014
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. 64 additional choices are hidden ...
• 1939
• 1938
• 1937
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• 1931
• 1930

*Statut de l'emploi

Les sous-traitants, distributeurs et employés temporaires ne sont pas admissibles à déposer une demande de bourse.
Employé d'Abbott en activité

◯ Employé d'Abbott en incapacité de longue durée
◯ Employé retraité d'Abbott
◯ Employe d'Abbott décédé
◯ Ancien employé d'Abbott

Les employés en activité doivent satisfaire les conditions suivantes pour être admissibles : Au moins deux ans sans interruption à l'emploi d'Abbott à la date du 15 mai 2014. Admissible à bénéficier des avantages sociaux des employés d'Abbott

Les employés en incapacité de longue durée doivent satisfaire les conditions suivantes pour être admissibles : Au moins deux ans sans interruption à l'emploi d'Abbott à la date du 15 mai 2014. Admissible à bénéficier des avantages sociaux des employés d'Abbott Recevoir une allocation d'invalidité d'Abbott ou du gouvernement

Les employés retraités d'Abbott doivent satisfaire les conditions suivantes pour être admissibles : Avoir au moins 50 ans et avoir travaillé de façon continue pendant au moins 10 ans chez Abbott, à la date du dernier jour d'emploi.

*L'employé est-il admissible à bénéficier des avantages sociaux d'Abbott?

◯ Oui
◯ Non

*Dans quelle entreprise l'employé travaille-t-il au Royaume-Uni?

◯ Abbott Diabetes Care, Ltd
◯ Abbott Healthcare Products, Ltd
◯ Abbott Laboratories, Ltd
◯ AbbVie Ltd
◯ AMO Ltd
◯ Murex Biotech, Ltd
◯ Starlims Europe Ltd

*Select employee/retiree work location:

◯ Clonmel
◯ Cootehill
◯ Donegal
◯ Dublin
◯ Longford
◯ Sligo - ADD
◯ Sligo - AI
◯ Sligo - AN
◯ Other, please specify.. _____

*Division de l'employé

- Abbott Diabetes Care (ADC)
- Abbott Diagnostics Division (ADD)
- Abbott International (AI)
- Abbott Medical Optics (AMO)
- Abbott Molecular (AM)
- Abbott Nutrition (AN)
- Abbott Point of Care (APOC)
- Abbott Vascular (AV)
- Animal Health (AH)
- Corporate (CORP)
- Established Products Division (EPD)
- Global Pharmaceutical Operations (GPO)
- Pharmaceutical Products Division (PPD)

• Other

*Saisir le nom de la division Abbott dans laquelle travaille l'employé.

Dernier jour à l'emploi chez Abbott

Cette information est utilisée pour vérifier l'admissibilité.

Les employés d'AbbVie - Pour votre dernier jour travaillé chez Abbott, utilisez : Pays de modèle D – Date de cessation d'emploi locale Tous les autres employés – Date de cessation d'emploi internationale : 1er janvier 2013

*Dernier jour à l'emploi chez Abbott

Cette information est utilisée pour vérifier l'admissibilité.

Mois
• 01 - janvier
• 02 - février
• 03 - mars
• 04 - avril
• 05 - mai
• 06 - juin
• 07 - juillet
• 08 - août
• 09 - septembre
• 10 - octobre
• 11 - novembre
• 12 - décembre

Jour
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.. 10 additional choices are hidden ...
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Année
• 2014

- 2013
- 2012
- 2011
- 2010
- 2009
- 2008
- 2007
- 2006
- 2005

. 64 additional choices are hidden ...

- 1939
- 1938
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- 1932
- 1931
- 1930

Les demandeurs étudiants doivent satisfaire les conditions suivantes: Enfant ou beau-fils/belle-fille non marié(e) de l'employé/du retraité Avoir entre 17 et 24 ans à la date du 15 mai 2014 Faire une demande de bourse pour suivre un programme: dans un collège (doit correspondre à une université ou équivalent) dans une université dans une école de formation professionnelle dans une école de metiers N'a pas ou ne recevra pas un diplôme universitaire (ou équivalent) avant de commencer la prochaine année scolaire Les bourses ne peuvent pas être utilisées pour permettre à l'étudiant d'obtenir un deuxième baccalauréat ou pour obtenir un diplôme avance tel qu'une maîtrise, un doctorat, un diplôme de spécialiste, etc.

Information concernant la demande de l'étudiant

Prénom _____

Deuxième prénom _____

*Nom de famille _____

Adresse e-mail _____

Cellulaire / Mobile Phone _____

Numéro d'ID Clara Abbott

_____

*Date de naissance de l'étudiant

Cette information est utilisée pour vérifier l'admissibilité.

Mois

- 01 - janvier
- 02 - février
- 03 - mars
- 04 - avril
- 05 - mai
- 06 - juin
- 07 - juillet

• 08 - août
• 09 - septembre
• 10 - octobre
• 11 - novembre
• 12 - décembre

Jour
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... 10 additional choices are hidden ...
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Année
• 2010
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. 20 additional choices are hidden ...
• 1979
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• 1971
• 1970

*Nom de l'université pour la prochaine année scolaire

Si vous n'avez pas confirmé votre université, entrer dans l'école vous aurez très probablement assister

*Pays de l'école pour la prochaine année scolaire

- Aruba
- Kuwait
- Austria
- Latvia
- Belgium
- Lebanon
- Bosnia/Herzegovina
- Lithuania
- Bulgaria
- Mexico

. 34 additional choices are hidden ...

- Venezuela
- Jordan
- Yemen
- Bahamas
- Curacao
- Trinidad and Tobago
- Kiribati
- -Pays ne figurant pas
-
-

*Autre pays

Revenu annuel brut total

Le revenu annuel brut total (avant toutes déductions) inclut le salaire, les primes, les primes de rendement et la pension alimentaire pour enfants reçue pour l'étudiant. Fournir les montants de revenus pour l'année complète plus récente. Exemple 1 : Revenus de la mère + revenus du père = revenu annuel brut total Exemple 2 : Revenus de la mère + revenus du père + autre allocation (c'est-à-dire, pension alimentaire pour enfants) = revenu annuel brut total Arrondir au nombre entier le plus proche. Ne pas utiliser de virgules ou de points comme séparateurs décimaux.

Remarque pour le revenu des retraités :

Dans le cas d'un employé retraité d'Abbott, le montant doit inclure la totalité de la pension de retraite, l'allocation gouvernementale et tous les autres revenus, et compris les revenus utilisés pour les besoins du ménage (alimentation, transports, logement, services [eau-gaz-électricité], etc.)

REMARQUE Vous devez soumettre en même temps que votre demande les déclarations annuelles de revenus pour tout employé d'Abbott ou d'AbbVie apparenté à l'étudiant (parent/beau-parent) pour l'année complète la plus récente.

Remarque pour les demandeurs au nom d'un employé décédé :

Dans le cas d'un employé décédé d'Abbott, le montant doit inclure la totalité de la pension, l'allocation gouvernementale et tous les autres revenus, et compris les revenus utilisés pour les besoins du ménage (alimentation, transports, logement, services [eau-gaz-électricité], etc.)

*Le revenu annuel brut total combiné de toutes les personnes qui ont l'étudiant à leur charge

Round to the nearest whole number Do not use commas or decimal points.

*Devise

Select the currency for the Total Gross Annual Income
- AED - Emirati Dirham
- ANG - Dutch Guilder
- AWG - Aruba Guilders
- BAM - Bosnia and Herzegovina Convertible Marka
- BGN - Bulgaria Leva
- CAD - Canada Dollar
- CHF - Swiss Franc
- CZK - Czech Republic Koruny
- DKK - Denmark Kroner
- DOP - Dominican Republic Pesos

. 19 additional choices are hidden . .

- SEK - Swedish Krona
- TRY - Turkish Lira
- TTD - Trinidadian Dollar
- TWD - Taiwan New Dollar
- UAH - Ukrainian Hryvnia
- USD - United States Dollar
- UZS - Uzbekistani Som
- VEF - Venezuelan Bolivar
- YER - Yemeni Rial
- VND - Vietnamese Dong

*Employés d'Abbott ou d'AbbVie en activité ayant un lien de parenté avec l'étudiant demandeur

Cliquez sur tous les énoncés qui sont vrais
- La mère de l'étudiant est une employée d'Abbott ou d'AbbVie en activité
- Le père de l'étudiant est un employé d'Abbott ou d'AbbVie en activité
- La belle-mère de l'étudiant est une employée d'Abbott ou d'AbbVie en activité
- Le beau-père de l'étudiant est un employé d'Abbott ou d'AbbVie en activité
- Aucun des énoncés ci-dessus sont corrects (employés d'invalidité prolongée doivent choisir l'une des déclarations ci-dessus)

*Nombre de personnes à charge

Saisir le nombre de personnes à charge vivant dans la même maison et financièrement dépendantes de l'employé(e). Exemple : Employé + conjoint + étudiant demandeur + autre enfant = 4 personnes à charge
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8 or more

Instructions pour les demandeurs au nom d'employés décédés :
Saisir le nombre de personnes à charge qui vivaient dans la même maison et étaient financièrement dépendantes de l'employé(e) d'Abbott décédé(e). Exemple conjoint veuf/veuve + étudiant demandeur + autre enfant = 3 personnes à charge

Conditions

J'accepte / je comprends que l'information fournie dans cette demande est complète et exacte. Les demandes qui sont incomplètes à la date limite, y compris celles pour lesquelles il manque de la documentation, ne seront pas acceptées.
La Fondation ne tolérera pas de fraude, de déclarations mensongères ou la dissimulation d'information dans le cadre de cette demande ou ultérieurement au cours du processus de traitement de la demande. Si la Fondation détermine qu'un tel comportement a eu lieu, elle peut refuser toute demande en cours ou en attente et ne pourra pas fournir d'aide supplémentaire. Pour les employés d'Abbott/Abbvie, un tel comportement est considéré comme une violation du Code de conduite de l'entreprise (le Code) et peut ouvrir la voie aux conséquences édictées dans le Code.
La Fondation pourra mener toutes les enquêtes jugées nécessaires pour vérifier l'exactitude des déclarations faites dans cette demande
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 renseignements personnels vous concernant seront transférés et stockés hors de votre pays de résidence, notamment aux États-Unis et dans d'autres pays. Les lois sur la protection de la vie privée de ces pays peuvent ne pas protéger vos renseignements personnels de la même manière que celles de votre pays de résidence. Cependant, The Clara Abbott Foundation a adopté des procédures et pratiques destinées à assurer un niveau suffisant et continu de protection de vos renseignements personnels.
La Fondation peut refuser toute demande d'assistance à sa seule et entière discrétion.

Consentement

Oui, j'accepte ces conditions

*Pour la correspondance par courriel relatif à cette demande, quelle langue préférez-vous?

- English
- French
- Italian
- Spanish

Revoir votre demande

Veuillez revoir votre demande Si elle est correcte, veuillez sélectionner le bouton « Enregistrer et sortir » pour revenir à la page de demande.

Après avoir rempli ce formulaire, vous devez terminer les tâches restantes sur la page d'accueil de votre demande afin que celle-ci soit étudiée pour l'attribution d'une bourse.

Année scolaire 2013/2014
Pays: {{ country }}

Renseignements sur les employés
Nom de famille {{ employee.1 }}
Prénom {{ employee.0 }}
Téléphone {{employee.7 }}
Email: {{employee.2 }}

Adresse:
{{ employee 3 }}
{{ employee 4 }} {{ employee.5 }} {{ employee 6 }}

Date de naissance:

Mois: {{ employee-dob-month }}, Jour: {{ employee-dob-day }}, Annee: {{ employee-dob-year }}
Date d'embauche:
Mois: {{ employee-hire-month }}, Jour: {{ employee-hire-day }}, Annee: {{ employee-hire-year }}
Durée / Date de retraite:
Mois {{ employee-ldw-month }}, Jour: {{ employee-ldw-day }}, Annee: {{ employee-ldw-year }}

Où l'employé travaille-t-il? {{ separation }}
Statut de l'emploi: {{ employee-status }}
L'employé est-il admissible à bénéficier des avantages sociaux d'Abbott? {{ employee-benefits }}

Division de l'employé {{ employee-division }} {{ employee-division-other }}

Information sur les étudiants:
Nom de famille: {{ student.2 }}
Prénom {{ student.0 }}
Duxieme Prénom {{ student.1 }}
Email: {{ student 3 }}
Cell Phone #: {{ student.4 }}

Auparavant étudiant a reçu une bourse de la Fondation Clara Abbott: {{ student-prev-scholar }}
Clara Abbott Numéro d'identification: {{ student-caid }}

Étudiant Date de naissance:
Mois: {{ student-dob-month }}, Jour: {{ student-dob-day }}, Annee. {{ student-dob-year }}

Renseignements scolaires:
Nom de l'école: {{ student-school-name }}
Pays école: {{student-school-country }} {{ student-school-other }}

Renseignements sur le revenu:
Montant total du revenu brut {{ income-gross }}
Devise: {{ income-currency }}
Nombre de personnes à charge. {{ income-dependents }}
Informations {{ income-related }}

*¿Recibió este estudiante una beca de la Fundación Clara Abbott en los últimos 12 meses?

- ○ Sí
- ○ No

El dependiente nombrado en esta presentación estará solicitando una beca para el próximo año escolar

- ○ Si
- ○ No

Esta solicitud es para paises con fecha límite en mayo

Si su país no está en la lista, visite nuestro sitio Web para encontrar una lista de las fechas límites de los países y los procedimientos de solicitud.

*País

- Aruba
- Kuwait
- Austria
- Latvia
- Belgium
- Lebanon
- Bosnia/Herzegovina
- Lithuania
- Bulgaria
- Mexico

.. 34 opciones adicionales ocultas .

- Venezuela
- Jordan
- Yemen
- Bahamas
- Curacao
- Trinidad and Tobago
- Kazakhstan
- -El otro país no mencionados
- Vietnam
-

Información del estudiante solicitante

Nombre _____

Segundo nombre _____

*Apellido _____

Número de identificación de Clara Abbott

_____

*Nombre de la escuela en el Informe Escolar de Grado

_____

*Raís de la escuela

- Aruba
- Kuwait
- Austria
- Latvia
- Belgium
- Lebanon
- Bosnia/Herzegovina
- Lithuania
- Bulgaria
- Mexico

... 34 opciones adicionales ocultas ...

- Venezuela
- Jordan
- Yemen
- Bahamas
- Curacao
- Trinidad and Tobago
- Kiribati
- -El otro país no mencionados
-
-

*Otro país

_____

*Para la correspondencia de correo electrónico, ¿qué idioma prefiere?

- English
- French
- Italian
- Spanish

Haga clic en el botón "Siguiente" para guardar y cargar el informe de notas de la escuela.

Nota. Este formulario no es una solicitud para una beca 2014/2015.

Esta solicitud es para países con fecha límite en mayo.

Si su país no está en la lista, visite nuestro sitio Web para encontrar una lista de las fechas límites de los países y los procedimientos de solicitud.

*Country

- Aruba
- Kuwait
- Austria
- Latvia
- Belgium
- Lebanon
- Bosnia/Herzegovina
- Lithuania

- Bulgaria
- Mexico

... 34 opciones adicionales ocultas ...

- Venezuela
- Jordan
- Yemen
- Bahamas
- Curacao
- Trinidad and Tobago
- Kazakhstan
- -El otro país no mencionados
- Vietnam
-

El otro país

Consulte nuestro sitio Web por fechas límites y procedimientos para las solicitudes.

---

*¿Dónde trabaja el empleado?

- Abbott
- AbbVie
- Empleado jubilado de Abbott
- Empleado fallecido de Abbott
- Ex empleado de Abbott

AbbVie Elegibilidad

La Fundación Clara Abbott es una organización sin fines de lucro administrada y subvencionada separadamente de Abbott. La Fundación fue establecida por el testamento de Clara Abbott, esposa del fundador de Abbott. Los servicios ofrecidos por la Fundación se rigen por los términos de ese testamento Por eso, los servicios de la Fundación quedan limitados a empleados de Abbott y a jubilados calificados luego de la separación

Para minimizar el impacto sobre los empleados de AbbVie, se proporcionarán las siguientes excepciones: Los empleados de AbbVie que cumplan con la definición de jubilación* de la Fundación, conservarán la elegibilidad para todos los servicios y programas de la Fundación. Los dependientes de empleados de AbbVie que recibieron una beca Clara Abbott continuarán siendo elegibles para solicitar una beca.

* En caso de una separación global, un empleado cumple con la definición de jubilación de la Fundación si: Tiene al menos 50 años de edad más un mínimo de 10 años de servicio, o 61 años de edad más un mínimo de 9 años de servicio, o 62 años de edad más un mínimo de 8 años de servicio, o 63 años de edad más un mínimo de 7 años de servicio, o 64 años de edad más un mínimo de 6 años de servicio, o 65 años de edad más un mínimo de 5 años de servicio.

Cumplo con la definición de la Fundación para la jubilación.

- ( ) Sí
- ( ) No

Instrucciones para la solicitud de empleados elegibles para la jubilación

Continúe con su solicitud como empleado jubilado de Abbott.

Para su último día trabajado en Abbott, use: Países modelo D – Fecha de separación local Todos los otros empleados – Fecha de separación global 1 de enero de 2013

El estudiante nombrado en esta solicitud recibió una beca previa de la Fundación Clara Abbott.

- ○ Sí
- ○ No

Instrucciones para la solicitud de estudiantes que ya recibieron una beca.

Continúe con su solicitud como ex empleado de Abbott.

Para su último día trabajado en Abbott, use: Países modelo D – Fecha de separación local Todos los otros empleados – Fecha de separación global 1 de enero de 2013

Lo lamentamos, usted no es elegible para una beca 2014/2015 de la Fundación Clara Abbott.

Información del empleado de Abbott

Nombre	_____
*Apellido	_____
*Email	_____ ({{ user.email }})
*Dirección	_____
*Ciudad	_____
Estado	_____
Código Postal	_____
*Número de teléfono	_____

*Fecha de nacimiento del empleado

Esta información se usa para verificar la elegibilidad.

Mes
- 01 - enero
- 02 - febrero
- 03 - marzo
- 04 - abril
- 05 - mayo
- 06 - junio
- 07 - julio
- 08 - agosto
- 09 - septiembre
- 10 - octubre
- 11 - noviembre
- 12 - diciembre

Día
- 1
- 2

• 3
• 4
• 5
• 6
• 7
• 8
• 9
• 10
.. 10 opciones adicionales ocultas ...
• 22
• 23
• 24
• 25
• 26
• 27
• 28
• 29
• 30
• 31

Año
• 2000
• 1999
• 1998
• 1997
• 1996
• 1995
• 1994
• 1993
• 1992
• 1991
. 50 opciones adicionales ocultas . .
• 1939
• 1938
• 1937
• 1936
• 1935
• 1934
• 1933
• 1932
• 1931
• 1930

 *Fecha de contratación del empleado

Esta información se usa para verificar la elegibilidad.

Ex empleados de Solvay: ingrese 15 de febrero de 2010 como su fecha de contratación de Abbott.

Mes
• 01 - enero
• 02 - febrero
• 03 - marzo
• 04 - abril
• 05 - mayo
• 06 - junio
• 07 - julio

• 08 - agosto
• 09 - septiembre
• 10 - octubre
• 11 - noviembre
• 12 - diciembre

Dia
• 1
• 2
• 3
• 4
• 5
• 6
• 7
• 8
• 9
• 10
. 10 opciones adicionales ocultas ...
• 22
• 23
• 24
• 25
• 26
• 27
• 28
• 29
• 30
• 31

Año
• 2014
• 2013
• 2012
• 2011
• 2010
• 2009
• 2008
• 2007
• 2006
• 2005
. . 64 opciones adicionales ocultas ...
• 1939
• 1938
• 1937
• 1936
• 1935
• 1934
• 1933
• 1932
• 1931
• 1930

*Estado del empleo

Los contratistas, distribuidores y empleados temporales no son elegibles para solicitar una beca.
Empleado activo de Abbott

- Empleado de Abbott con licencia por discapacidad extendida
- Empleado jubilado de Abbott
- Empleado fallecido de Abbott
- Ex empleado de Abbott

Los empleados activos deben cumplir con los siguientes requisitos para ser elegibles: Un mínimo de dos años de servicio continuo como empleado de Abbott al 15 de mayo de 2014. Ser elegible para recibir beneficios para empleados de Abbott.

Los empleados con licencia por discapacidad extendida deben cumplir con los siguientes requisitos para ser elegibles: Un mínimo de dos años de servicio continuo como empleado de Abbott al 15 de mayo de 2014. Ser elegible para recibir beneficios para empleados de Abbott. Recibir pago por discapacidad de Abbott o del gobierno.

Los empleados jubilados de Abbott deben cumplir con los siguientes requisitos para ser elegibles: Tener al menos 50 años de edad, con un mínimo de 10 años de servicio continuo para Abbott en el último día de trabajo.

*¿El empleado es elegible para recibir beneficios de Abbott?

- Sí
- No

*¿Para qué empresa trabaja el empleado en el Reino Unido?

- Abbott Diabetes Care, Ltd
- Abbott Healthcare Products, Ltd
- Abbott Laboratories, Ltd
- AbbVie Ltd
- AMO Ltd
- Murex Biotech, Ltd
- Starlims Europe Ltd

*Select employee/retiree work location:

- Clonmel
- Cootehill
- Donegal
- Dublin
- Longford
- Sligo - ADD
- Sligo - AI
- Sligo - AN
- Other, please specify _____

*División del empleado

- Abbott Diabetes Care (ADC)
- Abbott Diagnostics Division (ADD)
- Abbott International (AI)
- Abbott Medical Optics (AMO)
- Abbott Molecular (AM)
- Abbott Nutrition (AN)
- Abbott Point of Care (APOC)
- Abbott Vascular (AV)
- Animal Health (AH)
- Corporate (CORP)
- Established Products Division (EPD)
- Global Pharmaceutical Operations (GPO)
- Pharmaceutical Products Division (PPD)

• Other

*Ingrese la División del empleado de Abbott

Último día de empleo en Abbott

Esta información se usa para verificar la elegibilidad.

Los empleados de AbbVie - Para su último día trabajado en Abbott, use: Países modelo D – Fecha de separación local Todos los otros empleados – Fecha de separación global 1 de enero de 2013

*Último día de empleo en Abbott

Esta información se usa para verificar la elegibilidad.

Mes
• 01 - enero
• 02 - febrero
• 03 - marzo
• 04 - abril
• 05 - mayo
• 06 - junio
• 07 - julio
• 08 - agosto
• 09 - septiembre
• 10 - octubre
• 11 - noviembre
• 12 - diciembre

Día
• 1
• 2
• 3
• 4
• 5
• 6
• 7
• 8
• 9
• 10
.. 10 opciones adicionales ocultas ..
• 22
• 23
• 24
• 25
• 26
• 27
• 28
• 29
• 30
• 31

Año

- 2014
- 2013
- 2012
- 2011
- 2010
- 2009
- 2008
- 2007
- 2006
- 2005

.. 64 opciones adicionales ocultas ...

- 1939
- 1938
- 1937
- 1936
- 1935
- 1934
- 1933
- 1932
- 1931
- 1930

Los estudiantes solicitantes deben cumplir con los siguientes requisitos: Ser el hijo o hijastro soltero del empleado/jubilado Tener entre 17 y 24 años de edad al 15 de mayo de 2014 Solicitud de una beca para cursar Institución universitaria (debe calificar como universidad [o equivalente]) Universidad Escuela de formación profesional Escuela de oficios No debe tener ni obtendrá 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 un grado avanzado como maestría, doctorado, especialización, etc.

Información del estudiante solicitante

Nombre _____

Segundo nombre _____

*Apellido _____

Dirección de correo electronico _____

Cellulaire / Mobile Phone _____

Número de identificación de Clara Abbott

_____

*Fecha de nacimiento del estudiante

Esta información se usa para verificar la elegibilidad.

Mes

- 01 - enero
- 02 - febrero
- 03 - marzo
- 04 - abril
- 05 - mayo
- 06 - junio
- 07 - julio

• 08 - agosto
• 09 - septiembre
• 10 - octubre
• 11 - noviembre
• 12 - diciembre

Dia
• 1
• 2
• 3
• 4
• 5
• 6
• 7
• 8
• 9
• 10
.. 10 opciones adicionales ocultas ...
• 22
• 23
• 24
• 25
• 26
• 27
• 28
• 29
• 30
• 31

Año
• 2010
• 2009
• 2008
• 2007
• 2006
• 2005
• 2004
• 2003
• 2003
• 2001
.. 20 opciones adicionales ocultas ...
• 1979
• 1978
• 1977
• 1976
• 1975
• 1974
• 1973
• 1972
• 1971
• 1970

*Nombre de la universidad para el próximo año

Si usted no ha confirmado su universidad, entrar a la escuela lo más probable es asistir.

*País de la escuela para el próximo año escolar

- Aruba
- Kuwait
- Austria
- Latvia
- Belgium
- Lebanon
- Bosnia/Herzegovina
- Lithuania
- Bulgaria
- Mexico

... 34 opciones adicionales ocultas . .

- Venezuela
- Jordan
- Yemen
- Bahamas
- Curacao
- Trinidad and Tobago
- Kiribati
- -El otro país no mencionados
-
-

*Otro país

Ingresos brutos anuales totales

El ingreso bruto anual total (antes de cualquier deducción) incluye salario, bonificaciones y pagos de incentivos y manutención de hijos recibidos para el estudiante. Proporcione los montos de ingresos del año más reciente completado.
Ejemplo 1· ingresos de la madre + ingresos del padre = ingresos brutos anuales totales Ejemplo 2: ingreso de la madre + ingreso del padrastro + otro aporte (p ej , manutención de hijos) = ingresos brutos anuales totales Redondee al número entero más cercano. No use comas ni puntos decimales.

Nota respecto del ingreso de un jubilado.

En el caso de un empleado jubilado de Abbott, la cantidad debe incluir la pensión total, el apoyo del gobierno y todos los otros ingresos incluidos aquellos que se usan para ayudar al hogar (alimentos, transporte, vivienda, servicios públicos, etc.)

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

Nota para los solicitantes relacionados con empleados fallecidos:

En el caso de un empleado fallecido de Abbott, la cantidad debe incluir la pensión total, el apoyo del gobierno y todos los otros ingresos incluidos aquellos que se usan para ayudar al hogar (alimentos, transporte, vivienda, servicios públicos, etc.)

*Ingreso bruto anual total combinado para todos los que respaldan al estudiante solicitante

Round to the nearest whole number. Do not use commas or decimal points.

*Moneda

- AED - Emirati Dirham
- ANG - Dutch Guilder
- AWG - Aruba Guilders
- BAM - Bosnia and Herzegovina Convertible Marka
- BGN - Bulgaria Leva
- CAD - Canada Dollar
- CHF - Swiss Franc
- CZK - Czech Republic Koruny
- DKK - Denmark Kroner
- DOP - Dominican Republic Pesos

.. 19 opciones adicionales ocultas ...

- SEK - Swedish Krona
- TRY - Turkish Lira
- TTD - Trinidadian Dollar
- TWD - Taiwan New Dollar
- UAH - Ukrainian Hryvnia
- USD - United States Dollar
- UZS - Uzbekistani Som
- VEF - Venezuelan Bolivar
- YER - Yemeni Rial
- VND - Vietnamese Dong

*Empleados activos de Abbott o AbbVie relacionados con el estudiante solicitante

Marque todas de las siguientes afirmaciones que son verdaderas

- La madre del estudiante es una empleada activa de Abbott o AbbVie.
- El padre del estudiante es un empleado activo de Abbott o AbbVie.
- La madrastra del estudiante es una empleada activa de Abbott o AbbVie.
- El padrastro del estudiante es un empleado activo de Abbott o AbbVie.
- Ninguna de las afirmaciones anteriores son correctas (empleados de incapacidad extendidas deben seleccionar una de las declaraciones más arriba)

*Cantidad de dependientes

Ingrese la cantidad de dependientes que viven en la misma casa y dependen económicamente del empleado. Ejemplo. empleado + cónyuge + estudiante solicitante + otro hijo = 4 dependientes

- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8 or more

Instrucciones para solicitantes relacionados con empleados fallecidos Ingrese la cantidad de dependientes que vivían en la misma casa y dependían financieramente del empleado fallecido de Abbott Ejemplo. Cónyuge sobreviviente + estudiante solicitante + otro hijo = 3 dependientes

Términos y condiciones

Acepto y comprendo que la información en esta solicitud es completa y precisa. Las solicitudes incompletas a la fecha límite de entrega, incluyendo 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 o AbbVie, cualquiera de esas conductas se considera una violación del Código de conducta comercial (el Código) de su empresa 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.
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.
Su información personal se transferirá y se almacenará fuera de su país, incluidos los Estados Unidos y otros países. Es probable que las leyes de privacidad de esos países no protejan su información personal del mismo modo que las leyes de su país Sin embargo, la Fundación Clara Abbott ha adoptado procesos y prácticas para garantizar un nivel continuo y adecuado de protección de su información personal
La Fundación puede rechazar toda petición de ayuda a su exclusiva y entera discreción.

Acuerdo

Sí, acepto estos Términos y condiciones.

*Para la correspondencia de correo electrónico relacionada con esta solicitud, ¿qué idioma prefiere?

- English
- French
- Italian
- Spanish

Revise su solicitud

Revise su solicitud. Si es correcta, seleccione el botón Guardar y salir (Save and Exit) para volver a la página de la solicitud

Después de que haya completado este formulario, debe completar las tareas restantes en la página de inicio de su solicitud a fin de ser considerado para una beca.

Año escolar 2013/2014
País: {{ country }}

Información del empleado
Apellido: {{ employee.1 }}
Nombre: {{ employee 0 }}
Teléfono: {{employee.7 }}
Email: {{employee.2 }}

Dirección:
{{ employee.3 }}
{{ employee 4 }} {{ employee.5 }} {{ employee 6 }}

Fecha de nacimiento:
Mes {{ employee-dob-month }}, Dia {{ employee-dob-day }}, Año: {{ employee-dob-year }}
Fecha de contratación:
Mes: {{ employee-hire-month }}, Dia {{ employee-hire-day }}, Año: {{ employee-hire-year }}
Plazo / Fecha de Retiro:

Mes: {{ employee-ldw-month }}, Dia: {{ employee-ldw-day }} Año. {{ employee-ldw-year }}

¿Dónde trabaja el empleado? {{ separation }}
Estado del empleo {{ employee-status }}
¿El empleado es elegible para recibir beneficios de Abbott? {{ employee-benefits }}

División del empleado {{ employee-division }} {{ employee-division-other }}

Información del Estudiante
Apellido: {{ student.2 }}
Nombre: {{ student.0 }}
Segundo nombre: {{ student.1 }}
Email: {{ student 3 }}
Celular #: {{ student.4 }}

Anteriormente Estudiante Recibió una beca de la Fundación Clara Abbott: {{ student-prev-scholar }}
Clara Abbott Número de identificación: {{ student-caid }}

Estudiante Fecha de nacimiento
Mes: {{ student-dob-month }}, Dia: {{ student-dob-day }}, Año· {{ student-dob-year }}

Información de la Escuela
Nombre de la escuela: {{ student-school-name }}
Escuela País: {{student-school-country }} {{ student-school-other }}

Información de Ingresos
Monto Total Ingresos Brutos: {{ income-gross }}
moneda: {{ income-currency }}
Número de dependientes. {{ income-dependents }}
Información {{ income-related }}

Esta solicitud es para países con fecha límite en septiembre.

Si su país no está en la lista, visite nuestro sitio Web para encontrar una lista de las fechas límites de los países y los procedimientos de solicitud.

*Country

- Argentina
- Australia
- Brazil
- Chile
- Colombia
- Costa Rica
- El Salvador
- Guatemala
- Honduras
- Jamaica
- New Zealand
- Nicaragua
- Pakistan
- Panama
- Peru
- South Africa
- South Korea
- Uruguay
- ~El otro país no mencionados

El otro país

Consulte nuestro sitio Web por fechas límites y procedimientos para las solicitudes.

*¿Dónde trabaja el empleado?

- Abbott
- AbbVie
- Empleado jubilado de Abbott
- Empleado fallecido de Abbott
- Ex empleado de Abbott

AbbVie Elegibilidad

Como sabrá, la Fundación Clara Abbott es una organización sin fines de lucro administrada y subvencionada separadamente de Abbott La Fundación fue establecida por el testamento de Clara Abbott, esposa del fundador de Abbott. Los servicios ofrecidos por la Fundación se rigen por los términos de ese testamento. Por eso, los servicios de la Fundación quedan limitados a empleados de

Abbott y a jubilados calificados luego de la separación.

Para minimizar el impacto sobre los empleados de AbbVie, se proporcionarán las siguientes excepciones: Los empleados de AbbVie que cumplan con la definición de jubilación* de la Fundación, conservarán la elegibilidad para todos los servicios y programas de la Fundación. Los dependientes de empleados de AbbVie que recibieron una beca Clara Abbott continuarán siendo elegibles para solicitar una beca.
* En caso de una separación global, un empleado cumple con la definición de jubilación de la Fundación si: Tiene al menos 50 años de edad más un mínimo de 10 años de servicio, o 61 años de edad más un mínimo de 9 años de servicio, o 62 años de edad más un mínimo de 8 años de servicio, o 63 años de edad más un mínimo de 7 años de servicio, o 64 años de edad más un mínimo de 6 años de servicio, o 65 años de edad más un mínimo de 5 años de servicio.

Cumplo con la definición de la Fundación para la jubilación.

( ) Sí
( ) No

Instrucciones para la solicitud de empleados elegibles para la jubilación

Continúe con su solicitud como empleado jubilado de Abbott. Use la fecha de separación global (1/1/2013) como su último día trabajado en Abbott.

El estudiante nombrado en esta solicitud recibió una beca previa de la Fundación Clara Abbott.

( ) Sí
( ) No

Instrucciones para la solicitud de estudiantes que ya recibieron una beca.

Continúe con su solicitud como ex empleado de Abbott. Use la fecha de separación global (1/1/2013) como su último día trabajado en Abbott.

Lo lamentamos, usted no es elegible para una beca 2014 de la Fundación Clara Abbott.

Información del empleado de Abbott

Nombre _____

*Apellido _____

*Email _____ ({{ user email }})

*Dirección _____

*Ciudad _____

Estado _____

Código Postal _____

*Número de teléfono _____

*Fecha de nacimiento del empleado

Esta información se usa para verificar la elegibilidad

Mes
- 01 - enero
- 02 - febrero
- 03 - marzo
- 04 - abril
- 05 - mayo

• 06 - junio
• 07 - julio
• 08 - agosto
• 09 - septiembre
• 10 - octubre
• 11 - noviembre
• 12 - diciembre

Dia
• 1
• 2
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• 5
• 6
• 7
• 8
• 9
• 10
... 10 opciones adicionales ocultas ...
• 22
• 23
• 24
• 25
• 26
• 27
• 28
• 29
• 30
• 31

Año
• 2000
• 1999
• 1998
• 1997
• 1996
• 1995
• 1994
• 1993
• 1992
• 1991
... 50 opciones adicionales ocultas ..
• 1939
• 1938
• 1937
• 1936
• 1935
• 1934
• 1933
• 1932
• 1931
• 1930

 *Fecha de contratación del empleado

Esta información se usa para verificar la elegibilidad.

Ex empleados de Solvay: ingrese 15 de febrero de 2010 como su fecha de contratacion de Abbott.

Mes
- 01 - enero
- 02 - febrero
- 03 - marzo
- 04 - abril
- 05 - mayo
- 06 - junio
- 07 - julio
- 08 - agosto
- 09 - septiembre
- 10 - octubre
- 11 - noviembre
- 12 - diciembre

Dia
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... 10 opciones adicionales ocultas ...
- 22
- 23
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Año
- 2013
- 2012
- 2011
- 2010
- 2009
- 2008
- 2007
- 2006
- 2005
- 2004

. 63 opciones adicionales ocultas ...
- 1939
- 1938

- 1937
- 1936
- 1935
- 1934
- 1933
- 1932
- 1931
- 1930

*Estado del empleo

Los contratistas, distribuidores y empleados temporales no son elegibles para solicitar una beca.

- Empleado activo de Abbott
- Empleado de Abbott con licencia por discapacidad extendida
- Empleado jubilado de Abbott
- Empleado fallecido de Abbott
- Ex empleado de Abbott

Los empleados activos deben cumplir con los siguientes requisitos para ser elegibles: Un mínimo de dos años de servicio continuo como empleado de Abbott al 15 de septiembre de 2013. Ser elegible para recibir beneficios para empleados de Abbott

Los empleados con licencia por discapacidad extendida deben cumplir con los siguientes requisitos para ser elegibles: Un mínimo de dos años de servicio continuo como empleado de Abbott al 15 de septiembre de 2013. Ser elegible para recibir beneficios para empleados de Abbott. Recibir pago por discapacidad de Abbott o del gobierno.

Los empleados jubilados de Abbott deben cumplir con los siguientes requisitos para ser elegibles. Tener al menos 50 años de edad, con un mínimo de 10 años de servicio continuo para Abbott en el último día de trabajo

*¿El empleado es elegible para recibir beneficios de Abbott?

- Sí
- No

*¿Para qué empresa trabaja el empleado en el Reino Unido?

- Abbott Diabetes Care, Ltd
- Abbott Healthcare Products, Ltd
- Abbott Laboratories, Ltd
- AbbVie Ltd
- AMO Ltd
- Murex Biotech, Ltd
- Starlims Europe Ltd

Question 54

- Rio de Janeiro
- Sao Paulo
- Field Sales

*División del empleado

- Abbott Diabetes Care (ADC)
- Abbott Diagnostics Division (ADD)
- Abbott International (AI)
- Abbott Medical Optics (AMO)
- Abbott Molecular (AM)
- Abbott Nutrition (AN)
- Abbott Point of Care (APOC)

- Abbott Vascular (AV)
- Animal Health (AH)
- Corporate (CORP)
- Established Products Division (EPD)
- Global Pharmaceutical Operations (GPO)
- Pharmaceutical Products Division (PPD)
- Other

*Ingrese la División del empleado de Abbott

---

*Último día de empleo en Abbott

Esta información se usa para verificar la elegibilidad.

Los empleados de AbbVie deben ingresar el 1° de enero de 2013

*Último día de empleo en Abbott

Esta información se usa para verificar la elegibilidad.

Mes
- 01 - enero
- 02 - febrero
- 03 - marzo
- 04 - abril
- 05 - mayo
- 06 - junio
- 07 - julio
- 08 - agosto
- 09 - septiembre
- 10 - octubre
- 11 - noviembre
- 12 - diciembre

Dia
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. . 10 opciones adicionales ocultas . .

- 22
- 23
- 24
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- 29

• 30 .
• 31

Año
• 2013
• 2012
• 2011
• 2010
• 2009
• 2008
• 2007
• 2006
• 2005
• 2004
... 63 opciones adicionales ocultas ..
• 1939
• 1938
• 1937
• 1936
• 1935
• 1934
• 1933
• 1932
• 1931
• 1930

Los estudiantes solicitantes deben cumplir con los siguientes requisitos: Ser el hijo o hijastro soltero del empleado/jubilado. Tener entre 17 y 24 años de edad al 15 de septiembre de 2013. Solicitud de una beca para cursar Institución universitaria (debe calificar como universidad [o equivalente]) Universidad Escuela de formación profesional Escuela de oficios No debe tener ni obtendrá 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 un grado avanzado como maestría, doctorado, especialización, etc.

Información del estudiante solicitante

Nombre _____

Segundo nombre _____

*Apellido _____

Dirección de correo electrónico _____

Cellulaire / Mobile Phone _____

*¿Recibió este estudiante una beca de la Fundación Clara Abbott en los últimos 12 meses?

○ Sí
○ No

*Número de identificación de Clara Abbott

Consulte su formulario de informe de calificaciones de la escuela proporcionado por su representante de Recursos Humanos o el consultor de la Fundación Clara Abbott para obtener el número de identificación Clara Abbott del estudiante.

_____

*Fecha de nacimiento del estudiante

Esta información se usa para verificar la elegibilidad.

Mes
- 01 - enero
- 02 - febrero
- 03 - marzo
- 04 - abril
- 05 - mayo
- 06 - junio
- 07 - julio
- 08 - agosto
- 09 - septiembre
- 10 - octubre
- 11 - noviembre
- 12 - diciembre

Dia
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10

.. 10 opciones adicionales ocultas ...
- 22
- 23
- 24
- 25
- 26
- 27
- 28
- 29
- 30
- 31

Año
- 2010
- 2009
- 2008
- 2007
- 2006
- 2005
- 2004
- 2003
- 2003
- 2001

.. 20 opciones adicionales ocultas ..
- 1979
- 1978
- 1977

- 1976
- 1975
- 1974
- 1973
- 1972
- 1971
- 1970

*Nombre de la universidad para el próximo año

Si usted no ha confirmado su universidad, entrar a la escuela lo más probable es asistir.

_____

*País de la escuela para el próximo año escolar

- Argentina
- Australia
- Brazil
- Chile
- Colombia
- Costa Rica
- El Salvador
- Guatemala
- Honduras
- Jamaica
- New Zealand
- Nicaragua
- Pakistan
- Panama
- Peru
- South Africa
- South Korea
- United States
- Uruguay
- ~El otro país no mencionados

*Otro país

_____

Ingresos brutos anuales totales

El ingreso bruto anual total (antes de cualquier deducción) incluye salario, bonificaciones y pagos de incentivos y manutención de hijos recibidos para el estudiante Proporcione los montos de ingresos del año más reciente completado.
Ejemplo 1: ingresos de la madre + ingresos del padre = ingresos brutos anuales totales Ejemplo 2: ingreso de la madre + ingreso del padrastro + otro aporte (p. ej , manutención de hijos) = ingresos brutos anuales totales Redondee al número entero más cercano. No use comas ni puntos decimales

Nota respecto del ingreso de un jubilado:

En el caso de un empleado jubilado de Abbott, la cantidad debe incluir la pensión total, el apoyo del gobierno y todos los otros ingresos incluidos aquellos que se usan para ayudar al hogar (alimentos, transporte, vivienda, servicios públicos, etc.)

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

Nota para los solicitantes relacionados con empleados fallecidos:

En el caso de un empleado fallecido de Abbott, la cantidad debe incluir la pensión total, el apoyo del gobierno y todos los otros ingresos incluidos aquellos que se usan para ayudar al hogar (alimentos, transporte, vivienda, servicios públicos, etc.)

*Ingreso bruto anual total combinado para todos los que respaldan al estudiante solicitante

*Moneda

- ARS - Argentine Peso
- AUD Australian Dollar
- BRL - Brazilian Real
- CLP - Chilean Peso
- COP - Colombian Peso
- CRC - Costa Rican Colon
- USD - El Salvador US Dollar
- GTQ - Guatemalan Quetzal
- HNL - Honduran Lempira
- JMD - Jamaican Dollar
- NZD - New Zealand Dollar
- NIO - Nicaraguan Cordoba
- PKR - Pakistani Rupee
- PAB - Panamanian Balboa
- PEN - Peruvian Nuevo Sol
- ZAR - South African Rand
- KRW - South Korean Won
- UYU - Uruguayan Peso
- USD - United States Dollar

Employees in Pakistan

You must request your 2012 Salary Certificate from your Payroll Manager Do not submit your pay slips. Only the Salary Certificate from your Payroll Manager will be accepted

*Empleados activos de Abbott o AbbVie relacionados con el estudiante solicitante

Marque todas de las siguientes afirmaciones que son verdaderas

- La madre del estudiante es una empleada activa de Abbott o AbbVie.
- El padre del estudiante es un empleado activo de Abbott o AbbVie.
- La madrastra del estudiante es una empleada activa de Abbott o AbbVie.
- El padrastro del estudiante es un empleado activo de Abbott o AbbVie
- Ninguno de los enunciados de arriba es correcto.

*Cantidad de dependientes

Ingrese la cantidad de dependientes que viven en la misma casa y dependen económicamente del empleado. Ejemplo: empleado + cónyuge + estudiante solicitante + otro hijo = 4 dependientes

- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8 or more

Instrucciones para solicitantes relacionados con empleados fallecidos: Ingrese la cantidad de dependientes que vivían en la misma casa y dependían financieramente del empleado fallecido de Abbott. Ejemplo: Cónyuge sobreviviente + estudiante solicitante + otro hijo = 3 dependientes

---

Términos y condiciones

Acepto y comprendo que la información en esta solicitud es completa y precisa. Las solicitudes incompletas a la fecha límite de entrega, incluyendo 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 o AbbVie, cualquiera de esas conductas se considera una violación del Código de conducta comercial (el Código) de su empresa 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.
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.
Su información personal se transferirá y se almacenará fuera de su país, incluidos los Estados Unidos y otros países. Es probable que las leyes de privacidad de esos países no protejan su información personal del mismo modo que las leyes de su país. Sin embargo, la Fundación Clara Abbott ha adoptado procesos y prácticas para garantizar un nivel continuo y adecuado de protección de su información personal.
La Fundación puede rechazar toda petición de ayuda a su exclusiva y entera discreción.

Acuerdo

Sí, acepto estos Términos y condiciones.

---

*Para la correspondencia de correo electrónico relacionada con esta solicitud, ¿qué idioma prefiere?

- English
- French
- Italian
- Spanish
- Portuguese

Revise su solicitud

Revise su solicitud. Si es correcta, seleccione el botón Guardar y salir (Save and Exit) para volver a la página de la solicitud.

Después de que haya completado este formulario, debe completar las tareas restantes en la página de inicio de su solicitud a fin de ser considerado para una beca.

Año escolar 2014
País {{ country }}

Información del empleado
Apellido: {{ employee.1 }}
Nombre: {{ employee.0 }}
Teléfono: {{employee.7 }}

Email {{employee.2 }}

Dirección
{{ employee.3 }}
{{ employee.4 }} {{ employee.5 }} {{ employee.6 }}

Fecha de nacimiento:
Mes: {{ employee-dob-month }}, Dia: {{ employee-dob-day }}, Año {{ employee-dob-year }}
Fecha de contratación:
Mes: {{ employee-hire-month }}, Dia: {{ employee-hire-day }}, Año: {{ employee-hire-year }}
Plazo / Fecha de Retiro
Mes: {{ employee-ldw-month }}, Dia {{ employee-ldw-day }} Año: {{ employee-ldw-year }}

¿Dónde trabaja el empleado? {{ separation }}
Estado del empleo {{ employee-status }}
¿El empleado es elegible para recibir beneficios de Abbott? {{ employee-benefits }}

División del empleado {{ employee-division }} {{ employee-division-other }}

Información del Estudiante
Apellido: {{ student 2 }}
Nombre: {{ student 0 }}
Segundo nombre: {{ student 1 }}
Email: {{ student 3 }}
Celular #: {{ student.4 }}

Anteriormente Estudiante Recibió una beca de la Fundación Clara Abbott {{ student-prev-scholar }}
Clara Abbott Número de identificación: {{ student-caid }}

Estudiante Fecha de nacimiento:
Mes: {{ student-dob-month }}, Dia {{ student-dob-day }}, Año: {{ student-dob-year }}

Información de la Escuela
Nombre de la escuela: {{ student-school-name }}
Escuela País: {{student-school-country }} {{ student-school-other }}

Información de Ingresos
Monto Total Ingresos Brutos {{ income-gross }}
moneda: {{ income-currency }}
Número de dependientes: {{ income-dependents }}
Información {{ income-related }}

*Lo studente ha ricevuto una borsa di studio The Clara Abbott Foundation negli ultimi 12 mesi?

- ◯ Si
- ◯ No

Il soggetto a carico indicato nella domanda inviata sarà preso in considerazione per la borsa di studio relativa al prossimo anno scolastico

- ◯ Si
- ◯ No

Questa domanda riguarda i Paesi con scadenza dei termini per la presentazione nel mese di maggio.

Se il proprio Paese non è presente nell'elenco, visitare il sito web di The Clara Abbott Foundation per l'elenco delle date di scadenza e le procedure di presentazione delle domande valide per i diversi Paesi.

*Paese

- Aruba
- Kuwait
- Austria
- Latvia
- Belgium
- Lebanon
- Bosnia/Herzegovina
- Lithuania
- Bulgaria
- Mexico

. . 34 additional choices hidden ...

- Venezuela
- Jordan
- Yemen
- Bahamas
- Curacao
- Trinidad and Tobago
- Kazakhstan
- -Altro paese non elencato
- Vietnam
-

Dati dello studente candidato

Nome _____

Secondo nome _____

*Cognome _____

ID The Clara Abbott Foundation

_____

*Scuola Nome sulla scuola Rapporto Grade

_____

*Paese della scuola

- Aruba
- Kuwait
- Austria
- Latvia
- Belgium
- Lebanon
- Bosnia/Herzegovina
- Lithuania
- Bulgaria
- Mexico

. . 34 additional choices hidden ...

- Venezuela
- Jordan
- Yemen
- Bahamas
- Curacao
- Trinidad and Tobago
- Kiribati
- -Altro paese non elencato
-
-

*Altro paese

*Per corrispondenza e-mail, che lingua preferisci?

- English
- French
- Italian
- Spanish

Fare clic sul pulsante "Next" per salvare e caricare il report grado di scuola.

Nota: Questo modulo non è una domanda di borsa di studio 2014/2015.

Questa domanda riguarda i Paesi con scadenza dei termini per la presentazione nel mese di maggio.

Se il proprio Paese non è presente nell'elenco, visitare il sito web di The Clara Abbott Foundation per l'elenco delle date di scadenza e le procedure di presentazione delle domande valide per i diversi Paesi.

*Paese

- Aruba
- Kuwait
- Austria
- Latvia
- Belgium
- Lebanon
- Bosnia/Herzegovina

- Lithuania
- Bulgaria
- Mexico

... 34 additional choices hidden ...

- Venezuela
- Jordan
- Yemen
- Bahamas
- Curacao
- Trinidad and Tobago
- Kazakhstan
- -Altro paese non elencato
- Vietnam
-

Altro paese

Per le scadenze e le procedure di presentazione delle domande, fare riferimento al nostro sito web

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*Dove lavora il dipendente?

- Abbott
- AbbVie
- Dipendente Abbott in pensione
- Dipendente Abbott deceduto
- Ex-dipendente Abbott

AbbVie Ammissibilità

The Clara Abbott Foundation è un'organizzazione non-profit con gestione e finanziamenti separati rispetto ad Abbott. La Fondazione è stata creata in base alle ultime volontà di Clara, consorte del fondatore di Abbott. I servizi offerti dalla Fondazione sono regolati dai termini espressi nel testamento Pertanto, i servizi della Fondazione sono riservati ai dipendenti Abbott e ai pensionati idonei dopo la separazione

Per ridurre al minimo l'impatto sui dipendenti AbbVie, sono valide le seguenti eccezioni: I dipendenti AbbVie che soddisfino i termini di pensionamento definiti dalla Fondazione* mantengono il diritto di usufruire di tutti i servizi e di tutti i programmi della Fondazione stessa Le persone a carico di dipendenti AbbVie che abbiano usufruito di una borsa di studio Clara Abbott mantengono il diritto a presentare domanda di borsa di studio.

* A seguito della separazione globale, un dipendente rispetta i termini di pensionamento definiti dalla Fondazione se rientra in uno dei seguenti casi: almeno 50 anni di età e almeno 10 anni di servizio 61 anni di età e almeno 9 anni di servizio 62 anni di età e almeno 8 anni di servizio 63 anni di età e almeno 7 anni di servizio 64 anni di età e almeno 6 anni di servizio 65 anni di età e almeno 5 anni di servizio

Rispetto i termini di pensionamento definiti dalla Fondazione

- ( ) Sì
- ( ) No

Istruzioni per la presentazione della domanda per pensionati idonei

Continuare la compilazione della domanda come dipendente Abbott in pensione.

Come ultimo giorno di lavoro presso Abbott, utilizzi: Paesi modello D: la data della separazione locale Tutti gli altri dipendenti: la data della separazione globale, 1 gennaio 2013

Lo studente citato in questa domanda ha ricevuto in precedenza una borsa di studio di The Clara Abbott Foundation

- ○ Sì
- ○ No

Istruzioni per la presentazione della domanda per studenti che abbiano già usufruito di una borsa di studio

Continuare la compilazione della domanda come ex-dipendente Abbott.

Come ultimo giorno di lavoro presso Abbott, utilizzi: Paesi modello D: la data della separazione locale Tutti gli altri dipendenti la data della separazione globale, 1 gennaio 2013

L'utente non ha diritto a una borsa di studio assegnata dalla The Clara Abbott Foundation per l'anno 2014/2015.

Dati del dipendente Abbott

Nome	_____
*Cognome	_____
*E-mail	_____ {{{ user email }}}
*Indirizzo	_____
*Città	_____
Stato	_____
Codice Postale	_____
*Numero di telefono	_____

*Data di nascita del dipendente

Queste informazioni vengono utilizzate per verificare l'idoneità.

Mese
- 01 - gennaio
- 02 - febbraio
- 03 - marzo
- 04 - aprile
- 05 - maggio
- 06 - giugno
- 07 - luglio
- 08 - agosto
- 09 - settembre
- 10 - ottobre
- 11 - novembre
- 12 - dicembre

Giorno
- 1

• 2
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... 10 additional choices hidden ...
• 22
• 23
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Anno
• 2000
• 1999
• 1998
• 1997
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• 1995
• 1994
• 1993
• 1992
• 1991
. . 50 additional choices hidden ..
• 1939
• 1938
• 1937
• 1936
• 1935
• 1934
• 1933
• 1932
• 1931
• 1930

*Data di assunzione del dipendente

Queste informazioni vengono utilizzate per verificare l'idoneità.

Ex-dipendenti Solvay: immettere il 15 febbraio 2010 come data di assunzione in Abbott.

Mese
• 01 - gennaio
• 02 - febbraio
• 03 - marzo
• 04 - aprile
• 05 - maggio
• 06 - giugno

• 07 - luglio
• 08 - agosto
• 09 - settembre
• 10 - ottobre
• 11 - novembre
• 12 - dicembre

Giorno
• 1
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• 10
.. 10 additional choices hidden ..
• 22
• 23
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Anno
• 2014
• 2013
• 2012
• 2011
• 2010
• 2009
• 2008
• 2007
• 2006
• 2005
.. 64 additional choices hidden ..
• 1939
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• 1932
• 1931
• 1930

*Stato del dipendente

Appaltatori, distributori e dipendenti a tempo determinato non hanno diritto a presentare domanda di borsa di studio.

◯ Dipendente Abbott attivo
◯ Dipendente Abbott invalido
◯ Dipendente Abbott in pensione
◯ Dipendente Abbott deceduto
◯ Ex-dipendente Abbott

Per essere idonei, i dipendenti attivi devono soddisfare i seguenti requisiti: Almeno due anni di servizio continuativo come dipendente Abbott al 15 maggio 2014 Diritto di usufruire dei benefit riservati ai dipendenti Abbott

Per essere idonei, i dipendenti invalidi devono soddisfare i seguenti requisiti: Almeno due anni di servizio continuativo come dipendente Abbott al 15 maggio 2014 Diritto di usufruire dei benefit riservati ai dipendenti Abbott Percezione di un assegno di invalidità da Abbott o dallo Stato

Per essere idonei, i dipendenti Abbott in pensione devono soddisfare il seguente requisito: Almeno 50 anni di età con un minimo di 10 anni di servizio continuativo presso Abbott alla data dell'ultimo giorno di lavoro.

*Il dipendente ha diritto ai benefit Abbott?

◯ Sì
◯ No

*Per quale azienda in Regno Unito lavora il dipendente?

◯ Abbott Diabetes Care, Ltd
◯ Abbott Healthcare Products, Ltd
◯ Abbott Laboratories, Ltd
◯ AbbVie Ltd
◯ AMO Ltd
◯ Murex Biotech, Ltd
◯ Starlims Europe Ltd

*Select employee/retiree work location:

◯ Clonmel
◯ Cootehill
◯ Donegal
◯ Dublin
◯ Longford
◯ Sligo - ADD
◯ Sligo - AI
◯ Sligo - AN
◯ Other, please specify... _____

*Divisione del dipendente

- Abbott Diabetes Care (ADC)
- Abbott Diagnostics Division (ADD)
- Abbott International (AI)
- Abbott Medical Optics (AMO)
- Abbott Molecular (AM)
- Abbott Nutrition (AN)
- Abbott Point of Care (APOC)
- Abbott Vascular (AV)
- Animal Health (AH)
- Corporate (CORP)
- Established Products Division (EPD)
- Global Pharmaceutical Operations (GPO)

• Pharmaceutical Products Division (PPD)
• Other

*Immettere la divisione Abbott del dipendente

Ultimo giorno di lavoro in Abbott

Queste informazioni vengono utilizzate per verificare l'idoneità.

I dipendenti AbbVie - Come ultimo giorno di lavoro presso Abbott, utilizzi: Paesi modello D· la data della separazione locale Tutti gli altri dipendenti: la data della separazione globale, 1 gennaio 2013

*Ultimo giorno di lavoro in Abbott

Queste informazioni vengono utilizzate per verificare l'idoneità.

Mese
• 01 - gennaio
• 02 - febbraio
• 03 - marzo
• 04 - aprile
• 05 - maggio
• 06 - giugno
• 07 - luglio
• 08 - agosto
• 09 - settembre
• 10 - ottobre
• 11 - novembre
• 12 - dicembre

Giorno
• 1
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... 10 additional choices hidden ...
• 22
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Anno

• 2014
• 2013
• 2012
• 2011
• 2010
• 2009
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.. 64 additional choices hidden ...
• 1939
• 1938
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• 1932
• 1931
• 1930

Lo studente candidato deve soddisfare i seguenti requisiti: Essere figlio naturale o acquisito del dipendente/pensionato ed essere celibe/nubile Avere un'età compresa tra 17 e 24 anni al 15 maggio 2014 Presentare domanda di borsa di studio per frequentare uno dei seguenti tipi di istituto: College (ufficialmente riconosciuto come università o equivalente) Università Istituto professionale Istituto commerciale Non ha conseguito e non conseguirà un diploma universitario (o equivalente) prima dell'inizio dell'anno scolastico successivo La borsa di studio non può essere utilizzata per il conseguimento di una seconda laurea o di un titolo di studio universitario di livello avanzato, ad esempio un master, un dottorato, una specializzazione e così via

Dati dello studente candidato

Nome _____

Secondo nome _____

*Cognome _____

Indirizzo e-mail _____

Cell / Mobile Phone _____

ID The Clara Abbott Foundation

_____

*Data di nascita dello studente

Queste informazioni vengono utilizzate per verificare l'idoneità.

Mese
• 01 - gennaio
• 02 - febbraio
• 03 - marzo
• 04 - aprile
• 05 - maggio
• 06 - giugno

• 07 - luglio
• 08 - agosto
• 09 - settembre
• 10 - ottobre
• 11 - novembre
• 12 - dicembre

Giorno
• 1
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.. 10 additional choices hidden ..
• 22
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Anno
• 2010
• 2009
• 2008
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• 2003
• 2003
• 2001
. . 20 additional choices hidden ..
• 1979
• 1978
• 1977
• 1976
• 1975
• 1974
• 1973
• 1972
• 1971
• 1970

*Nome dell'università il frequentata nel prossimo anno

Se non hai confermato la tua università, entrare nella scuola è molto probabile assistere.

*Paese della scuola frequentata nel prossimo anno scolastico

- Aruba
- Kuwait
- Austria
- Latvia
- Belgium
- Lebanon
- Bosnia/Herzegovina
- Lithuania
- Bulgaria
- Mexico

. . 34 additional choices hidden . .

- Venezuela
- Jordan
- Yemen
- Bahamas
- Curacao
- Trinidad and Tobago
- Kiribati
- -Altro paese non elencato
-
-

*Altro paese

Reddito annuo lordo totale

Il reddito lordo annuo totale (al lordo delle detrazioni) comprende stipendio, bonus, incentivi e assegni familiari percepiti per lo studente. Specificare gli importi relativi al reddito per l'intero ultimo anno solare
Esempio 1· reddito annuo lordo totale = reddito della madre + reddito del padre Esempio 2 reddito annuo lordo totale = reddito della madre + reddito del patrigno + altro reddito (ad esempio, assegni familiari) Arrotondare al numero intero più vicino. Non utilizzare virgole o punti decimali.

Nota per il reddito da pensione:

In caso di dipendente Abbott in pensione, l'importo deve comprendere il totale della pensione, gli eventuali assegni di sostegno percepiti dallo Stato e tutte le altre fonti di reddito, compreso il sostegno al nucleo familiare (cibo, trasporti, alloggio, bollette e così via)

NOTA. con la domanda è necessario presentare la dichiarazione dei redditi di tutti i dipendenti Abbott o AbbVie legati da vincoli di parentela allo studente (genitore naturale o acquisito) relativa all'intero ultimo anno solare.

Nota per i candidati figli di dipendenti deceduti:

In caso di dipendente Abbott deceduto, l'importo deve al comprendere il totale della pensione, gli eventuali assegni di sostegno percepiti dallo Stato e tutte le altre fonti di reddito, compreso il sostegno al nucleo familiare (cibo, trasporti, alloggio, bollette e così

via)

*Reddito annuo lordo totale combinato per tutti coloro che provvedono al mantenimento dello studente candidato

Round to the nearest whole number Do not use commas or decimal points.

*Valuta

- AED - Emirati Dirham
- ANG - Dutch Guilder
- AWG - Aruba Guilders
- BAM - Bosnia and Herzegovina Convertible Marka
- BGN - Bulgaria Leva
- CAD - Canada Dollar
- CHF - Swiss Franc
- CZK - Czech Republic Koruny
- DKK - Denmark Kroner
- DOP - Dominican Republic Pesos

. 19 additional choices hidden . .

- SEK - Swedish Krona
- TRY - Turkish Lira
- TTD - Trinidadian Dollar
- TWD - Taiwan New Dollar
- UAH - Ukrainian Hryvnia
- USD - United States Dollar
- UZS - Uzbekistani Som
- VEF - Venezuelan Bolivar
- YER - Yemeni Rial
- VND - Vietnamese Dong

*Dipendenti Abbott o AbbVie attivi legati da rapporto di parentela con lo studente candidato

Fare clic su tutte le seguenti affermazioni che sono vere

- La madre dello studente è un dipendente Abbott o AbbVie attivo
- Il padre dello studente è un dipendente Abbott o AbbVie attivo
- La matrigna dello studente è un dipendente Abbott o AbbVie attivo
- Il patrigno dello studente è un dipendente Abbott o AbbVie attivo
- Nessuna delle precedenti affermazioni sono corrette (dipendenti disabilità aggiuntive dovrebbero selezionare una delle dichiarazioni di cui sopra)

*Numero di persone a carico

Specificare il numero di persone a carico conviventi con il dipendente. Esempio: dipendente + coniuge + studente candidato + altro figlio = 4 persone a carico

- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8 or more

Istruzioni per i candidati figli di dipendenti deceduti: Specificare il numero di persone conviventi che erano a carico del dipendente deceduto Esempio: vedova + studente candidato + altro figlio = 3 persone a carico

Termini e condizioni

Dichiaro che le informazioni specificate nella domanda sono complete e corrette. Le domande incomplete dal punto di vista del contenuto e della documentazione alla data di scadenza non verranno accettate.
La Fondazione non tollererà frodi, truffe o atti falsi relativamente alle informazioni fornite in questo modulo o ottenute durante la procedura di presentazione della domanda. Qualora la Fondazione rilevi il perpetrarsi di tali atti, potrà respingere eventuali domande, sia in attesa che in corso, e potrà rifiutare ulteriore assistenza. Per i dipendenti Abbott/AbbVie, tali atti sono ritenuti una violazione del Codice di Condotta dell'azienda (il Codice) e possono essere soggetti alle conseguenze previste dal Codice stesso.
La Fondazione si riserva la facoltà di effettuare tutte le indagini ritenute necessarie per accertare la veridicità delle dichiarazioni riportate nella domanda.
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 forniti verranno trasferiti e archiviati in un Paese diverso da quello dell'utente, ovvero negli Stati Uniti o in altri Paesi. Le leggi sulla privacy di tali Paesi potrebbero non proteggere i dati personali degli utenti nella stessa misura delle leggi del Paese di origine The Clara Abbott Foundation, tuttavia, ha adottato processi e prassi tali da garantire in modo continuativo un adeguato livello di protezione dei dati personali
La Fondazione si riserva il diritto di declinare eventuali richieste di assistenza a propria assoluta discrezione.

Manifestazione di consenso

Sì, accetto i termini e le condizioni sopra riportati

*Per corrispondenza e-mail relative a questa applicazione, che lingua preferisci?

- English
- French
- Italian
- Spanish

Rivedere la domanda

Rivedere la domanda Se è corretta, selezionare il pulsante "Salva ed esci" ("Save and Exit") per tornare alla pagina di presentazione della domanda

Dopo aver compilato questo modulo, perché la domanda di borsa di studio venga presa in considerazione è obbligatorio completare le operazioni rimanenti nella pagina di presentazione della domanda.

Anno Scolastico 2013/2014
Paese: {{ country }}

Dipendente Informazioni:
Cognome: {{ employee 1 }}
Nome: {{ employee 0 }}
Telefono: {{employee.7 }}
Email: {{employee.2 }}

Indirizzo:
{{ employee 3 }}
{{ employee.4 }} {{ employee.5 }} {{ employee 6 }}

Data di nascita:
Mese {{ employee-dob-month }}, Giorno: {{ employee-dob-day }}, Anno: {{ employee-dob-year }}
Data di assunzione
Mese {{ employee-hire-month }}, Giorno: {{ employee-hire-day }}, Anno: {{ employee-hire-year }}

Termine / data di pensionamento:
Mese: {{ employee-ldw-month }}, Giorno. {{ employee-ldw-day }}, Anno: {{ employee-ldw-year }}

Dove lavora il dipendente? {{ separation }}
Stato del dipendente: {{ employee-status }}
Il dipendente ha diritto ai benefit Abbott? {{ employee-benefits }}

Divisione del dipendente: {{ employee-division }} {{ employee-division-other }}

Informazione per gli Studenti:
Cognome: {{ student 2 }}
Nome: {{ student 0 }}
Secondo nome: {{ student.1 }}
Email: {{ student.3 }}
Cell Phone #: {{ student.4 }}

Studente precedenza ricevuto una borsa di studio della Fondazione Clara Abbott: {{ student-prev-scholar }}
Clara Abbott Numero ID: {{ student-caid }}

Studente Data di nascita:
Mese. {{ student-dob-month }}, Girono: {{ student-dob-day }}, Anno: {{ student-dob-year }}

Informazioni sulla scuola:
Nome della scuola: {{ student-school-name }}
Scuola Paese {{student-school-country }} {{ student-school-other }}

Reddito Informazioni:
Importo Totale Reddito lordo {{ income-gross }}
Valuta. {{ income-currency }}
Numero di dipendenti: {{ income-dependents }}
Informazioni: {{ income-related }}

Esta inscrição é válida para os países com prazo de inscrição até o mês de setembro.

Se o seu país não estiver listado, visite o nosso site para acessar uma lista com prazos e processos de inscrição para diferentes países.

*País

- Argentina
- Australia
- Brazil
- Chile
- Colombia
- Costa Rica
- El Salvador
- Guatemala
- Honduras
- Jamaica
- New Zealand
- Nicaragua
- Pakistan
- Panama
- Peru
- South Africa
- South Korea
- Uruguay
- ~Outro país

Outro país

Consulte o nosso site para obter informações sobre prazos e procedimentos.

*Onde o funcionário trabalha?

- Abbott
- AbbVie
- Funcionário aposentado da Abbott
- Funcionario falecido da Abbot
- Ex-funcionario da Abbot

AbbVie Eligibility

Como você provavelmente sabe, a Fundação Clara Abbott é uma organização sem fins lucrativos gerenciada e fundada separadamente da Abbott. A Fundação foi estabelecida através do testamento de Clara Abbott, esposa do fundador da Abbott. Os serviços oferecidos pela Fundação são regidos pelos termos desse testamento. Como tal, os serviços da Fundação estarão

limitados a funcionarios da Abbott e aposentados qualificados após a separação.

Para minimizar o impacto em funcionários da AbbVie, as seguintes exceções serão realizadas: Funcionários da AbbVie que atenderem à definição de aposentadoria* da Fundação manterão a elegibilidade para todos os programas e serviços da Fundação. Dependentes de funcionários da AbbVie que receberam a bolsa de estudos Clara Abbott continuarão elegíveis para uma bolsa de estudos.
* Mediante separação global, um funcionário atende à definição de aposentadoria da Fundação caso ele/ela tenha: Pelo menos 50 anos de idade e pelo menos 10 anos de serviço, ou 61 anos de idade e pelo menos 9 anos de serviço, ou 62 anos de idade e pelo menos 8 anos de serviço, ou 63 anos de idade e pelo menos 7 anos de serviço, ou 64 anos de idade e pelo menos 6 anos de serviço, ou 65 anos de idade e pelo menos 5 anos de serviço.

Eu atendo à definição de aposentadoria da Fundação

- ○ Sim
- ○ Não

Instruções para a inscrição de aposentados elegíveis

Continue sua inscrição como um funcionário aposentado da Abbott. Use a data da separação global (1/1/2013) como seu último dia de trabalho na Abbott.

O nome do candidato nesta inscrição já recebeu uma bolsa de estudos da Fundação Clara Abbott

- ○ Sim
- ○ Não

Instruções para a inscrição de candidatos que já receberam uma bolsa de estudos

Continue sua inscrição como um ex-funcionário da Abbott. Use a data da separação global (1/1/2013) como seu último dia de trabalho na Abbott.

Infelizmente você não está qualificado para receber a bolsa de estudos da Fundação Clara Abbott de 2014.

Informações do funcionário da Abbott

Nome	_____
*Sobrenome	_____
*Email	_____ {{{ user.email }}}
*Endereço	_____
*Cidade	_____
Estado	_____
Código postal	_____
*Número de telefone	_____

*Data de nascimento do funcionário

Estas informações são usadas para verificar a elegibilidade.

Mês
- 01 - January
- 02 - February
- 03 - March
- 04 - April
- 05 - May

• 06 - June
• 07 - July
• 08 - August
• 09 - September
• 10 - October
• 11 - November
• 12 - December

Dia
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.. 10 additional choices hidden ...
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Ano
• 2000
• 1999
• 1998
• 1997
• 1996
• 1995
• 1994
• 1993
• 1992
• 1991
.. 50 additional choices hidden ...
• 1939
• 1938
• 1937
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• 1934
• 1933
• 1932
• 1931
• 1930

 *Data de contratação do funcionário

Estas informações são usadas para verificar a elegibilidade.

Ex-funcionários da Solvay. Insira 15 de fevereiro de 2010 como sua data de contratação pela Abbott.

Mês
- 01 - January
- 02 - February
- 03 - March
- 04 - April
- 05 - May
- 06 - June
- 07 - July
- 08 - August
- 09 - September
- 10 - October
- 11 - November
- 12 - December

Dia
- 1
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- 10

. 10 additional choices hidden ...
- 22
- 23
- 24
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- 31

Ano
- 2013
- 2012
- 2011
- 2010
- 2009
- 2008
- 2007
- 2006
- 2005
- 2004

63 additional choices hidden ...
- 1939
- 1938

- 1937
- 1936
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- 1933
- 1932
- 1931
- 1930

*Status do funcionário

Funcionários temporários, distribuidores e por contrato não estão qualificados para a inscrição para a bolsa de estudos.
- ◯ Funcionário ativo da Abbott
- ◯ Funcionário da Abbott com incapacitação para o trabalho de longo prazo
- ◯ Funcionário aposentado da Abbott
- ◯ Funcionário falecido da Abbot
- ◯ Ex-funcionário da Abbot

Funcionários ativos precisam atender aos seguintes requisitos para estarem qualificados: Um mínimo de dois anos de serviço contínuo como funcionário da Abbott na data de 15 de setembro de 2013 Qualificado para receber os benefícios de funcionário da Abbot

Funcionários com incapacitação para o trabalho de longo prazo precisam atender aos seguintes requisitos para estarem qualificados· Um mínimo de dois anos de serviço contínuo como funcionário da Abbott na data de 15 de setembro de 2013 Qualificado para receber os benefícios de funcionário da Abbot Estar recebendo pagamento por incapacitação da Abbot ou do governo

Funcionários aposentados da Abbott precisam atender ao seguinte requisito para estarem qualificados: Ter pelo menos 50 anos de idade e um mínimo de 10 anos de serviço contínuo na Abbott na data do último dia de emprego

*O funcionário está qualificado para receber os benefícios da Abbott?
- ◯ Sim
- ◯ Não

What company does the employee work for in the UK?

Refer to your pay slip for your company name.
- ◯ Abbott Diabetes Care, Ltd
- ◯ Abbott Healthcare Products, Ltd
- ◯ Abbott Laboratories, Ltd
- ◯ AbbVie Ltd
- ◯ AMO Ltd
- ◯ Murex Biotech, Ltd
- ◯ Starlims Europe Ltd

*Em que local você trabalha?
- ◯ Rio de Janeiro
- ◯ Sao Paulo
- ◯ Field Sales

*Divisão de empregado
- Abbott Diabetes Care (ADC)
- Abbott Diagnostics Division (ADD)
- Abbott International (AI)
- Abbott Medical Optics (AMO)

- Abbott Molecular (AM)
- Abbott Nutrition (AN)
- Abbott Point of Care (APOC)
- Abbott Vascular (AV)
- Animal Health (AH)
- Corporate (CORP)
- Established Products Division (EPD)
- Global Pharmaceutical Operations (GPO)
- Pharmaceutical Products Division (PPD)
- ~Other Division Not Listed

*Digite do empregado Abbott Divisão

*Último dia de emprego na Abbott

Estas informações são usadas para verificar a elegibilidade.

Funcionários da AbbVie devem inserir 1º de janeiro de 2013

*Último dia de emprego na Abbott

Estas informações são usadas para verificar a elegibilidade.

Mês
- 01 - January
- 02 - February
- 03 - March
- 04 - April
- 05 - May
- 06 - June
- 07 - July
- 08 - August
- 09 - September
- 10 - October
- 11 - November
- 12 - December

Dia
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10

.. 10 additional choices hidden ..

- 22
- 23
- 24
- 25
- 26
- 27

• 28
• 29
• 30
• 31

Ano
• 2013
• 2012
• 2011
• 2010
• 2009
• 2008
• 2007
• 2006
• 2005
• 2004
. . 63 additional choices hidden ...
• 1939
• 1938
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• 1931
• 1930

Candidatos estudantes precisam atender aos seguintes requisitos: Filho ou enteado solteiro do funcionário/aposentado Ter entre 17 e 24 anos de idade em 15 de setembro de 2013 Inscrever-se para uma bolsa de estudos para: Faculdade (deve qualificar-se como universidade ou equivalente) Universidade Escola técnica Escola comercial Não deve ter ou nem receber um grau universitário (ou equivalente) antes do início do próximo ano escolar As bolsas de estudo não podem ser usadas para o segundo grau de bacharel do aluno ou graus avançados, como Mestre, Doutor, Especialista, etc.

Informações do candidato estudante

Nome _____

Nome do meio _____

*Sobrenome _____

Email Address _____

Telefone móvel _____

*O candidato recebeu uma bolsa de estudos da Fundação Clara Abbott nos últimos 12 meses?

○ Sim
○ Não

*Número de ID Clara Abbott

Consulte o formulário do relatório de desempenho escolar fornecido pelo seu representante de RH/Consultor da Fundação Clara Abbott para obter o número de ID do aluno da Clara Abbott.

*Data de nascimento do candidato

Estas informações são usadas para verificar a elegibilidade.

Mês
- 01 - January
- 02 - February
- 03 - March
- 04 - April
- 05 - May
- 06 - June
- 07 - July
- 08 - August
- 09 - September
- 10 - October
- 11 - November
- 12 - December

Dia
- 1
- 2
- 3
- 4
- 5
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- 7
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- 9
- 10

10 additional choices hidden . .

- 22
- 23
- 24
- 25
- 26
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- 28
- 29
- 30
- 31

Ano
- 2010
- 2009
- 2008
- 2007
- 2006
- 2005
- 2004
- 2003
- 2003
- 2001

... 20 additional choices hidden . .

- 1979

- 1978
- 1977
- 1976
- 1975
- 1974
- 1973
- 1972
- 1971
- 1970

*Nome da universidade para o próximo ano

Se você ainda não confirmou sua universidade, insira o nome da escola mais provável

_____

*País da escola para o próximo ano escolar

- Argentina
- Australia
- Brazil
- Chile
- Colombia
- Costa Rica
- El Salvador
- Guatemala
- Honduras
- Jamaica
- New Zealand
- Nicaragua
- Pakistan
- Panama
- Peru
- South Africa
- South Korea
- United States
- Uruguay
- ~Other Country Not Listed

*Outro país

_____

Renda anual bruta total

A renda anual bruta total (antes de quaisquer deduções) inclui salário, bônus, incentivos pagos e pensões alimentícias recebidas para o aluno. Fornece valores de renda para o ano concluído mais recente.
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 Arredonde para o número inteiro mais próximo. Não utilize vírgulas ou pontos decimais.

Observação sobre renda de aposentados:

No caso de funcionários aposentados da Abbott, o valor precisa incluir pensão total, auxílio do governo e todas as outras fontes de renda, incluindo fontes de renda usadas para auxílio familiar (alimentação, transporte, moradia, serviços públicos, etc.).

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

Observação para candidatos de funcionários falecidos:

No caso de funcionários falecidos da Abbott, o valor precisa incluir pensão total, auxílio do governo e todas as outras fontes de renda, incluindo fontes de renda usadas para auxílio familiar (alimentação, transporte, moradia, serviços públicos, etc.).

*Renda anual bruta total combinada para todos que sustentam o candidato estudante

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*Moeda

Selecione a moeda para o rendimento anual bruto total
- ARS - Argentine Peso
- AUD Australian Dollar
- BRL - Brazilian Real
- CLP - Chilean Peso
- COP - Colombian Peso
- CRC - Costa Rican Colon
- USD - El Salvador US Dollar
- GTQ - Guatemalan Quetzal
- HNL - Honduran Lempira
- JMD - Jamaican Dollar
- NZD - New Zealand Dollar
- NIO - Nicaraguan Cordoba
- PKR - Pakistani Rupee
- PAB - Panamanian Balboa
- PEN - Peruvian Nuevo Sol
- ZAR - South African Rand
- KRW - South Korean Won
- UYU - Uruguayan Peso
- USD - United States Dollar

Employees in Pakistan

You must request your 2012 Salary Certificate from your Payroll Manager. Do not submit your pay slips. Only the Salary Certificate from your Payroll Manager will be accepted.

*Funcionários ativos da Abbott ou AbbVie familiares do candidato estudante

Verifique todas as afirmações abaixo que são verdadeiras
- [ ] A mãe do candidato é funcionária ativa da Abbott ou AbbVie
- [ ] O pai do candidato é funcionário ativo da Abbott ou AbbVie
- [ ] A madrasta do candidato é funcionária ativa da Abbott ou AbbVie
- [ ] O padrasto do candidato é funcionário ativo da Abbott ou AbbVie
- [ ] Nenhuma das opções acima está correta

*Número de dependentes

Insira o número de dependentes que moram na mesma casa e dependem financeiramente do funcionário. Exemplo: Funcionario(a) + cônjuge + candidato estudante + outro filho = 4 dependentes
- 1
- 2
- 3
- 4
- 5

• 6
• 7
• 8 or more

Instruções para candidatos de funcionários falecidos Insira o número de dependentes que moravam na mesma casa e dependiam financeiramente do funcionário falecido da Abbott. Exemplo: Esposa viúva + candidato estudante + outro filho = 3 dependentes

*Termos e condições

Eu concordo/entendo que as informações nesta inscrição estão completas e são verdadeiras Inscrições que forem 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/AbbVie, esses comportamentos são considerados uma violação do Código de Conduta de Negócios da empresa (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.
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).
Suas informações pessoais serão transferidas e armazenadas fora de seu país de residência, incluindo os Estados Unidos e outros países As leis de privacidade nesses países podem não proteger suas informações pessoais na mesma extensão que as leis em seu país de residência No entanto, a The Clara Abbott Foundation tem adotado processos e práticas para assegurar o nível adequado e contínuo de proteção das suas informações pessoais.
A Fundação pode recusar qualquer solicitação de assistência ao seu exclusivo critério.

*Acordo

Sim, eu concordo com estes termos e condições

*Por e-mail a correspondência relacionada com esta aplicação, que língua você prefere?

• English
• French
• Italian
• Spanish
• Portuguese

Revise sua inscrição

Revise sua inscrição. Se a inscrição estiver correta, use o botão "Save and Exit" para retornar à página de inscrição.

Após preencher este formulário, você precisa concluir as tarefas restantes na sua página de inscrição para se qualificar para a bolsa de estudos

School Year: 2014
Country. {{ country }}
App ID: {{ submission reference_id }}

Employee Information:
Last Name: {{ employee.1 }}

First Name: {{ employee 0 }} .
Phone: {{employee.7 }}
Email: {{employee.2 }}

Address.
{{ employee.3 }}
{{ employee.4 }} {{ employee.5 }} {{ employee 6 }}

Date of Birth:
Month: {{ employee-dob-month }}, Day: {{ employee-dob-day }}, Year: {{ employee-dob-year }}
Hire Date:
Month: {{ employee-hire-month }}, Day {{ employee-hire-day }}, Year: {{ employee-hire-year }}
Term / Retirement Date:
Month: {{ employee-ldw-month }}, Day: {{ employee-ldw-day }}, Year: {{ employee-ldw-year }}

Where does employee work? {{ separation }}
Employment Status: {{ employee-status }}
Eligible for Benefits: {{ employee-benefits }}

Division: {{ employee-division }} {{ employee-division-other }}
Brazil Only {{ employee-brazil }}

Student Information:
Last Name {{ student.2 }}
First Name: {{ student.0 }}
Middle Name: {{ student.1 }}
Email: {{ student.3 }}
Cell: {{ student.4 }}

Student Previously Received a Clara Abbott Foundation Scholarship: {{ student-prev-scholar }}
Clara Abbott ID Number: {{ student-caid }}

Student's Date of Birth:
Month: {{ student-dob-month }}, Day: {{ student-dob-day }}, Year: {{ student-dob-year }}

School Information:
School Name: {{ student-school-name }}
School Country. {{student-school-country }} {{ student-school-other }}

Income Information
Total Gross Annual Income {{ income-gross }}
Currency: {{ income-currency }}
Number of Dependents: {{ income-dependents }}
Employee Information {{ income-related }}

FORM 990-PF GAIN OR (LOSS) FROM SALE OF ASSETS STATEMENT 1

(A) DESCRIPTION OF PROPERTY	MANNER ACQUIRED	DATE ACQUIRED	DATE SOLD
ABBVIE - PUBLICLY TRADED	PURCHASED	VARIOUS	VARIOUS

(B) GROSS SALES PRICE	(C) COST OR OTHER BASIS	(D) EXPENSE OF SALE	(E) DEPREC.	(F) GAIN OR LOSS
31,161,920.	38,717.	0.	0.	31,123,203.

(A) DESCRIPTION OF PROPERTY	MANNER ACQUIRED	DATE ACQUIRED	DATE SOLD
COMMONFUND - MARKETABLE INVESTMENTS	PURCHASED	VARIOUS	VARIOUS

(B) GROSS SALES PRICE	(C) COST OR OTHER BASIS	(D) EXPENSE OF SALE	(E) DEPREC.	(F) GAIN OR LOSS
39,044,926.	38,450,712.	0.	0.	594,214.

(A) DESCRIPTION OF PROPERTY	MANNER ACQUIRED	DATE ACQUIRED	DATE SOLD
	PURCHASED		

(B) GROSS SALES PRICE	(C) COST OR OTHER BASIS	(D) EXPENSE OF SALE	(E) DEPREC.	(F) GAIN OR LOSS
0.	0.	0.	0.	0.

CAPITAL GAINS DIVIDENDS FROM PART IV	0.
TOTAL TO FORM 990-PF, PART I, LINE 6A	31,717,417.

FORM 990-PF DIVIDENDS AND INTEREST FROM SECURITIES STATEMENT 2

SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDENDS	(A) REVENUE PER BOOKS	(B) NET INVEST-MENT INCOME	(C) ADJUSTED NET INCOME
DIVIDEND INCOME	1,674,426.	0.	1,674,426.	3,567,623.	
INTEREST INCOME	2,953,084.	0.	2,953,084.	1,885,392.	
TO PART I, LINE 4	4,627,510.	0.	4,627,510.	5,453,015.	

FORM 990-PF OTHER INCOME STATEMENT 3

DESCRIPTION	(A) REVENUE PER BOOKS	(B) NET INVEST-MENT INCOME	(C) ADJUSTED NET INCOME
OTHER INCOME FROM PASSTHROUGH K-1S	0.	<115,624.>	
CLASS ACTION SETTLEMENT	10,576.	10,576.	
TOTAL TO FORM 990-PF, PART I, LINE 11	10,576.	<105,048.>	

FORM 990-PF ACCOUNTING FEES STATEMENT 4

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST-MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
ACCOUNTING FEES	32,700.	0.		0.
TO FORM 990-PF, PG 1, LN 16B	32,700.	0.		0.

FORM 990-PF OTHER PROFESSIONAL FEES STATEMENT 5

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST-MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
PORTFOLIO MANAGERS FEE	249,593.	249,593.		0.
TO FORM 990-PF, PG 1, LN 16C	249,593.	249,593.		0.

FORM 990-PF TAXES STATEMENT 6

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST-MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
FEDERAL INCOME TAXES	634,171.	0.		0.
FOREIGN TAXES- PASSTHROUGH ENTITIES	0.	63,089.		0.
TO FORM 990-PF, PG 1, LN 18	634,171.	63,089.		0.

FORM 990-PF OTHER EXPENSES STATEMENT 7

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST-MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
INSURANCE EXPENSE	15,346.	0.		15,346.
COMMUNICATION CHARGES	39,169.	0.		36,169.
BANK CHARGES	14,426.	14,426.		0.
LEARNING CENTER PROGRAM	181,181.	0.		181,181.
SCHOLARSHIP PROGRAM	355,566.	0.		355,566.
FINANCIAL ASSISTANCE PROGRAM	588,761.	0.		588,761.
MARKETING EXPENSE	173,688.	0.		173,688.
IT EXPENSE	244,898.	0.		244,898.
ADMINISTRATIVE EXPENSE	711,808.	7,118.		704,690.
OTHER EXPENSES FROM PASSTHROUGH K-1'S	0.	683,132.		0.
TO FORM 990-PF, PG 1, LN 23	2,324,843.	704,676.		2,300,299.

FOOTNOTES STATEMENT 8

DEPRECIATION EXPENSE TOTALED $9,070 FOR 2014. $6,504 IS ALLOCATED TO MANAGEMENT AND GENERAL. THE REMAINING EXPENSE IS EMBEDDED WITHIN THE VARIOUS PROGRAM SERVICE EXPENSE ACCOUNTS.

FORM 990-PF CORPORATE STOCK STATEMENT 9

DESCRIPTION	BOOK VALUE	FAIR MARKET VALUE
ABBOTT STOCK	3,710,025.	39,392,500.
CAPITAL PRESERVATION FUND	294,928.	295,265.
COMMONFUND	187,202,510.	203,226,436.
ABBVIE STOCK	16,462.	15,417,926.
TOTAL TO FORM 990-PF, PART II, LINE 10B	191,223,925.	258,332,127.

FORM 990-PF PART VIII - LIST OF OFFICERS, DIRECTORS TRUSTEES AND FOUNDATION MANAGERS STATEMENT 10

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN-SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
HUBERT ALLEN 1175 TRI-STATE PARKWAY, SUITE 200 GURNEE, IL 60031	DIRECTOR 1.00	0.	0.	0.
BILL CHASE (JAN-APR) 1175 TRI-STATE PARKWAY, SUITE 200 GURNEE, IL 60031	DIRECTOR 1.00	0.	0.	0.
JAIME CONTRERAS 1175 TRI-STATE PARKWAY, SUITE 200 GURNEE, IL 60031	DIRECTOR 1.00	0.	0.	0.
CHARLES FOLTZ 1175 TRI-STATE PARKWAY, SUITE 200 GURNEE, IL 60031	DIRECTOR 1.00	0.	0.	0.
ROBERT FUNCK 1175 TRI-STATE PARKWAY, SUITE 200 GURNEE, IL 60031	DIRECTOR 1.00	0.	0.	0.
STEPHEN FUSSELL 1175 TRI-STATE PARKWAY, SUITE 200 GURNEE, IL 60031	PRESIDENT 1.00	0.	0.	0.
JOSE IBANEZ (JAN-APR) 1175 TRI-STATE PARKWAY, SUITE 200 GURNEE, IL 60031	DIRECTOR 1.00	0.	0.	0.

ELAINE LEAVENWORTH (JAN-APR) 1175 TRI-STATE PARKWAY, SUITE 200 GURNEE, IL 60031	DIRECTOR 1.00	0.	0.	0.
CORLIS MURRAY 1175 TRI-STATE PARKWAY, SUITE 200 GURNEE, IL 60031	DIRECTOR 1.00	0.	0.	0.
JOHN LUSSEN (JAN-APR) 1175 TRI-STATE PARKWAY, SUITE 200 GURNEE, IL 60031	DIRECTOR 1.00	0.	0.	0.
CHARLES BROCK 1175 TRI-STATE PARKWAY, SUITE 200 GURNEE, IL 60031	DIRECTOR 1.00	0.	0.	0.
LARRY KRAUS 1175 TRI-STATE PARKWAY, SUITE 200 GURNEE, IL 60031	DIRECTOR 1.00	0.	0.	0.
MARY MORELAND (APR-DEC) 1175 TRI-STATE PARKWAY, SUITE 200 GURNEE, IL 60031	DIRECTOR 1.00	0.	0.	0.
ROBERT TWEED 1175 TRI-STATE PARKWAY, SUITE 200 GURNEE, IL 60031	DIRECTOR 1.00	0.	0.	0.
STAFFORD O'KELLY (JAN-APR) 1175 TRI-STATE PARKWAY, SUITE 200 GURNEE, IL 60031	DIRECTOR 1.00	0.	0.	0.
GRICE WILLIAMS 1175 TRI-STATE PARKWAY, SUITE 200 GURNEE, IL 60031	SECRETARY 1.00	0.	0.	0.
DIANE WINNARD (JAN-APR) 1175 TRI-STATE PARKWAY, SUITE 200 GURNEE, IL 60031	DIRECTOR 1.00	0.	0.	0.
VALENTINE YIEN 1175 TRI-STATE PARKWAY, SUITE 200 GURNEE, IL 60031	DIRECTOR 1.00	0.	0.	0.
JOHN TEBBETTS (JAN-MAR) 1175 TRI-STATE PARKWAY, SUITE 200 GURNEE, IL 60031	TREASURER 40.00	0.	0.	0.
CHRISTY WISTAR 1175 TRI-STATE PARKWAY, SUITE 200 GURNEE, IL 60031	VICE-PRESIDENT 40.00	0.	0.	0.

WILLIAM PREECE 1175 TRI-STATE PARKWAY, SUITE 200 GURNEE, IL 60031	DIRECTOR 1.00	0.	0.	0.
SHERI KEITH (MAR-DEC) 1175 TRI-STATE PARKWAY, SUITE 200 GURNEE, IL 60031	TREASURER 40.00	0.	0.	0.
GREG LINDER (APR-DEC) 1175 TRI-STATE PARKWAY, SUITE 200 GURNEE, IL 60031	DIRECTOR 1.00	0.	0.	0.
BRIAN YOOR 1175 TRI-STATE PARKWAY, SUITE 200 GURNEE, IL 60031	DIRECTOR 1.00	0.	0.	0.
ABBOTT LABORATORIES *	0.00	586,405.	0.	0.
*PURSUANT TO IRS ANNOUNCEMENT 2001-33	0.00	0.	0.	0.
TOTALS INCLUDED ON 990-PF, PAGE 6, PART VIII		586,405.	0.	0.

FORM 990-PF SUMMARY OF DIRECT CHARITABLE ACTIVITIES STATEMENT 11

ACTIVITY ONE

EDUCATIONAL GRANTS AND RELATED EXPENSES:
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, 1,173 GRANTS WERE AWARDED WORLDWIDE.

	EXPENSES
TO FORM 990-PF, PART IX-A, LINE 1	2,249,141.

FORM 990-PF SUMMARY OF DIRECT CHARITABLE ACTIVITIES STATEMENT 12

ACTIVITY TWO

FINANCIAL AID AND RELATED EXPENSES:
THE FOUNDATION PROVIDES NEED-BASED FINANCIAL GRANTS TO ASSIST ELIGIBLE ABBOTT EMPLOYEES AND RETIREES WHO ARE EXPERIENCING SEVERE FINANCIAL HARDSHIP. DURING THE YEAR, 740 AWARDS WERE ISSUED WORLDWIDE.

	EXPENSES
TO FORM 990-PF, PART IX-A, LINE 2	2,543,185.

FORM 990-PF SUMMARY OF DIRECT CHARITABLE ACTIVITIES STATEMENT 13

ACTIVITY THREE

EDUCATIONAL SEMINARS AND RELATED EXPENSES:
THE FOUNDATION OFFERS A WIDE VARIETY OF FREE, FINANCIAL EDUCATION CLASSES TO ALL ABBOTT EMPLOYEES AND RETIREES. DURING THE YEAR, 143 CLASSES WERE GIVEN WORLDWIDE.

	EXPENSES
TO FORM 990-PF, PART IX-A, LINE 3	313,872.

FORM 990-PF CASH DEEMED CHARITABLE EXPLANATION STATEMENT STATEMENT 14
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.