

	In 2020	In 2021	In 2022
Father/Stepfather's Income from Work	\$ _____	\$ _____	\$ _____
Mother/Stepmother's Income from Work	\$ _____	\$ _____	\$ _____
Parental Income from Other Sources	\$ _____	\$ _____	\$ _____
Student's Income from All Sources	\$ _____	\$ _____	\$ _____
Student's Spouse's Income from All Sources	\$ _____	\$ _____	\$ _____

Assets: Undergraduate students age 24 or older and graduate students should provide only their own (and their spouse's) information, not their parents' information.

	Parent(s)/Step-Parent		Student/Spouse	
	Present Value	Present Debt	Present Value	Present Debt
Savings, Checking	\$ _____	xxxxxxxxxxxxxx	\$ _____	xxxxxxxxxxxxxx
Home	\$ _____	\$ _____	\$ _____	\$ _____
Other Real Estate and Investments	\$ _____	\$ _____	\$ _____	\$ _____
Business and Farm	\$ _____	\$ _____	\$ _____	\$ _____

Expected Support:

1) What is the total amount of support (scholarships, grants, loans) you expect to receive from your government or any private agency?

\$ _____ Name of agency: _____

2) If you have a sponsor who will provide financial support to you, please provide the following information:

Name	Country of Residence	\$ Amount of Support
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3) What support will your parent(s) or other family members provide?

2021-22: \$ _____ 2022-23: \$ _____ 2023-24: \$ _____ 2024-25: \$ _____

4) Are you willing to apply for a student loan? Yes ___ No ___

If "yes," do you know a U.S. citizen or permanent resident who can and will co-sign a student loan for you? Yes ___ No ___

Special Circumstances: Please describe any special circumstances, losses in income, medical or dental expenses not reimbursed by your insurance plan, dependent care costs, or any other factor which you believe the Office of Financial Aid should consider in determining your need. **Provide documentation (receipts, bills, estimates, and the like) of these expenses.** Attach a letter if fuller explanation is necessary.

Authorization Release: I authorize the release of biographical information from my Financial Aid file and academic file to my scholarship donor if requested.

Student's Signature

Date

Signatures: I/we certify that the above information is true and complete to the best of my/our knowledge. If requested, I/we agree to provide documentation of this information. I/we understand that if I/we do not provide documentation when asked, the student may not receive aid. If the student receives any form of aid from any other source, the student will immediately notify the Office of Financial Aid.

Student's Signature

Date

Spouse's Signature

Date

Mother's/Stepmother's Signature

Date

Father's/Stepfather's Signature

Date

We suggest that you keep a copy of this completed form for your records.