



2020–2021 Parent Additional Financial Information Form

Your student's financial aid application was selected by the U.S. Department of Education for review after 2018 Adjusted Gross Income and other financial information was compared. You and your spouse, if you are married, must complete this form. You and your student must sign and submit the form.

Do not leave any section blank. If an item does not apply enter "0" or "N/A" in the associated space. The form must be submitted to the Financial Aid Office to continue the review process and determine your eligibility for federal student aid.

A. Student Information

Student's Name (Last, First, M.I.) _____

Student ID - *REQUIRED* _____

B. Additional Financial Information

Report total annual amounts for 2018. If an item does not apply use "0" or "N/A." Boxes left blank will result in additional information being requested. Additional requests to clarify conflicting information may delay the determination of your financial aid eligibility. If more space is needed, provide a separate page your name and student ID number at the top.

Additional Financial Information to Verify: Parent Name(s) for whom the information below is being reported (first and last name(s)): _____	Parent(s) Total 2018 Amount:	Parent's Spouse's Total 2018 Amount (if you are married):
Education credits (American Opportunity Tax Credit and Lifetime Learning Tax Credit). List amount from IRS Form 1040 Schedule 3 – line 50.	\$	\$
Child Support Paid. List amount paid due to a divorce or separation as a result of a legal requirement. SUPPORT FOR THIS CHILD(REN): _____ ADULT RECEIVING PAYMENT: _____	\$	\$
Taxable Earnings from Need-Based employment programs. List amounts from Federal Work-Study, and assistantships or fellowships, if they are need-based.	\$	\$
Taxable college grant and scholarship aid, only if it was reported to the IRS in your Adjusted Gross Income. Amounts include AmeriCorp benefits (awards, living allowances, and interest accrual payments), as well as grant and scholarship portions of fellowships and assistantships.	\$	\$
Combat pay or special combat pay. Only list the amount that was taxable and included in Adjusted Gross Income. DO NOT INCLUDE UNTAXED COMBAT PAY.	\$	\$
Earnings from work under a cooperative education program offered by a college.	\$	\$

C. Certification and Signatures

The student and the parent for whom information is provided above MUST sign and date this section. Each person signing below certifies that all the information reported on this form is complete, correct, and any additional information is attached, if necessary. **WARNING: If you purposely give false or misleading information on this worksheet you may be fined, sentenced to jail, or both.**

Student's Signature _____

Date _____

Parent Signature _____

Date _____