



# Supplemental Financial Data Form

This form is needed only if applicant's parents/applicant's spouse cannot submit data jointly on the electronic application. If applicable, this form is to be uploaded along with the other supporting documents prior to application submission.

## A. STUDENT INFORMATION

Last name \_\_\_\_\_ First name \_\_\_\_\_ Application ID# \_\_\_\_\_

Program Name \_\_\_\_\_

Permanent mailing address \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_ ZIP/Postal code \_\_\_\_\_ Country \_\_\_\_\_

## B. FAMILY FINANCIAL INFORMATION

The applicant's parent/guardian(s) or Spouse (if applicable) must complete the following section.

- |   |          |  |          |
|---|----------|--|----------|
| 1. State/Province of Residence .....  | _____    | 6. Medical and Dental Expenses not paid<br>by insurance (exclude premiums) .....   | \$ _____ |
| 2. Adjusted Gross Income (FORM 1040) .....                                      | \$ _____ | 7. Total Cash, Checking, Savings, and Cash Value of<br>Stocks (exclude retirement plan funds, IRA, 401k) \$  | _____    |
| 3. Total Federal Tax Paid (FORM 1040) .....                                     | \$ _____ | 8. Total number of family members living in the household<br>and primarily supported by the reported income ...#   | _____    |
| (Not the amount withheld from paychecks)  |          | 9. Marital status of parent or guardian (if applicable):   |          |
| 4. Total Income of Parent/Spouse.....   | \$ _____ | <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Single                   |          |
| Total Income of Stepparent (if applicable)....                                  | \$ _____ | 10. Of the total number of family members on line 8, number of<br>students attending college at least half-time during the next<br>school year (include applicant, exclude parents) ...# | _____    |
| 5. (U.S. Only) Yearly Untaxed Income and Benefits:                              |          |  |          |
| Please indicate source –  |          |  |          |
| <input type="checkbox"/> Social Security <input type="checkbox"/> Child Support |          |  |          |
| <input type="checkbox"/> Other .....  | \$ _____ |  |          |

## C. CERTIFICATION AND SIGNATURES

**Certification:** All information provided is complete and accurate to the best of my (our) knowledge. If requested, I (we) will provide proof of information including a copy of my (our) most recently filed income tax return. Falsification of information or refusal to provide information may result in rejection of this application or termination of any award granted.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Parent's/Spouses Signature

Do you have legal custody of applicant?  Yes  No  
Is applicant your dependent?  Yes  No

Date Completed \_\_\_\_\_