



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 _____
- 2. Adjusted Gross Income (FORM 1040) \$ _____
- 3. Total Federal Tax Paid (FORM 1040) \$ _____
(Not the amount withheld from paychecks)
- 4. Total Income of Parent/Spouse..... \$ _____

Total Income of Stepparent (if applicable).... \$ _____
- 5. (U.S. Only) Yearly Untaxed Income and Benefits:
Please indicate source –
 Social Security Child Support
 Other \$ _____
- 6. Medical, Dental and Prescription Drug Expenses not paid for by insurance (includes copays, deductibles; excludes premiums)\$ _____
- 7. Total Cash, Checking, Savings, and Cash Value of Stocks (exclude retirement plan funds, IRA, 401k) \$ _____
- 8. Total number of family members living in the household and primarily supported by the reported income ...# _____
- 9. Marital status of parent (if applicable):
 Married Divorced Separated Widowed Single
- 10. Of the total number of family members on line 8, number of students attending college at least half-time during the next school year (include applicant, exclude parents) ...# _____

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 _____