

International Student Financial Aid Application

The form should be filled out by the student, with the parent's assistance as needed. Every use of the words 'you' or 'your' on this form refers to the student. On this application, "parents" refers to the custodial parent(s)—those with whom the student lives. If the biological or adoptive parents are divorced or separated, the custodial parent(s) are those with whom the student has lived with the longest during the 12 months prior to completing the application. If the custodial parent has re-married, "parents" includes the student's biological/adoptive parent and stepparent.

Please complete all fields that apply to you. **Convert all currency amounts to US dollars.**

A. STUDENT INFORMATION

1. Student's Name: _____ Male Female • Married Unmarried
LAST/FAMILY NAME GIVEN NAME MIDDLE NAME

Date of Birth: _____ Country of Citizenship: _____ Country of Birth: _____

2. Permanent Home Country Mailing Address

Street: _____ City: _____ State: _____

Postal Code: _____ Country: _____

3. Current Address (if different from above)

Street: _____ City: _____ State: _____

Postal Code: _____ Country: _____

4. Other Information

Telephone: _____ Fax Number: _____ Email: _____

Academic Major: _____ Degree Program: Bachelor's Master's • Semester of Enrollment: Fall 20 ____ Spring 20 ____

Which type of student are you?

First time college/university student Transfer student Returning student Graduate student

If you are applying to other colleges/universities, please list your top three other options:

1. _____ 2. _____ 3. _____

B. FAMILY INFORMATION

1. If you are an undergraduate student or if you are a graduate student who receives financial support from your parents, please complete the items below:

Parents' marital status: Married Never married Separated/Divorced Widowed Remarried

Father: _____ Age: _____ Occupation: _____
LAST/FAMILY NAME GIVEN NAME MIDDLE NAME

Employer: _____ Number of years at employer: _____

Mother: _____ Age: _____ Occupation: _____
LAST/FAMILY NAME GIVEN NAME MIDDLE NAME

Employer: _____ Number of years at employer: _____

How many people depend on your parents for daily living expenses (including yourself)? _____

2. If you are an undergraduate student or if you are a graduate student who receives financial support from your parents, provide information on the chart for ALL family members who are dependents of your parents. Do not include yourself. If you are a graduate student who does not depend on your parents for funds, provide information for any of your dependents.* *Chart is on the next page.*

*This chart is for ALL dependents, not just those in college.

			Current Year: 20__ - 20__					Next Year: 20__ - 20__		
Name of Dependent	Age	Relationship to you	School/College/University	Year in School	Total Cost	Scholarships (total dollar amount)	Parent Contribution	School/College/University	Total Cost	Parent Contribution

C. FINANCIAL INFORMATION - Convert all amounts to US dollars

Please provide tax forms, employer salary statement, bank statements, or other documents to verify the information provided below.

1. Today's exchange rate: _____ Are there any government restrictions on releasing funds from your country? If yes, what are they?

Income and Assets

2. During the last calendar year, how much of your income came from the following sources:

Father's employment: _____ Mother's employment: _____ Your employment: _____

Your spouse's employment: _____ Family Business: _____ Family real estate holdings: _____

Retirement funds/pension: _____ Other household members: _____ Interest/dividends: _____

Housing, food, or other allowances: _____ Other: _____

3. Do you anticipate any change in your family's income next year? Yes No Please describe: _____

4. Does your family own a home? Yes No If yes, please answer the questions below.

What year was it purchased? _____ What was the original price? _____

How much do you still owe on the purchase price? _____ What is its present market value? _____

5. Does your family own a business? Yes No If yes, please answer the questions below.

What kind of business? _____ When was it started? _____

What is your family's share of the business assets and debt? _____

6. Does your family own any vehicles? Yes No If yes, please list the make, model, and year of each vehicle.

7. Please indicate the value of any of the following assets if your family holds them.

Value of land/buildings other than home/business: _____ Savings: _____

Debt on land/buildings other than home/business: _____ Investments: _____

Your personal assets: _____ Other assets: _____

