



ALMA COLLEGE

2019-2020

ADDITIONAL FINANCIAL INFORMATION WORKSHEET

STUDENT LAST NAME (PLEASE PRINT)

STUDENT FIRST NAME

ID # (DO NOT LEAVE BLANK)

STUDENT 2017 INFORMATION	DO NOT LEAVE BLANKS. <i>If dollar amounts are not applicable, enter \$0.</i>	PARENT(S) 2017 INFORMATION
\$ \$ or N/A	Payments to tax-deferred pensions & savings plans (paid directly or withheld from earnings) including, amounts reported on W-2 Form Box 12a - 12d, codes D, E, F, G, H, & S.	\$ \$ or N/A
\$ \$ or N/A	Child support received for all children. Don't include foster care or adoption payments.	\$ \$ or N/A
\$ \$ or N/A	Child support paid by student or parent living in the household. This support paid must be for a child that is not counted as an individual living in the household on the FAFSA.	\$ \$ or N/A
\$ \$ or N/A	Housing, food, & other living allowances paid to members of the military, clergy, & others. Don't include value of on base military housing or of basic military allowance for housing.	\$ \$ or N/A
\$ \$ or N/A	Veterans' non-education benefits, such as Disability, Death Pension or Dependency & Indemnity Compensation (DIC) and/or VA Educational Work-Study allowances.	\$ \$ or N/A
\$ \$ or N/A	Any other untaxed income or benefits, such as workers' compensation, untaxed portions of railroad retirement benefits, Black Lung Benefits, Refugee Assistance, etc. Don't include student aid, earned income credit, additional child tax credit, welfare payments, untaxed Social Security benefits, Supplemental Security Income, Workforce Investment Act educational benefits, combat pay, benefits from flexible spending arrangements, foreign income exclusion or credit for federal tax on special fuels.	\$ \$ or N/A
\$ \$ or N/A	Cash received or money paid on your behalf (e.g., bills), not reported on this form.	XXXXXXXXXX
\$ \$ or N/A	Combat pay or special combat pay. Only enter the amount that was taxable & included in adjusted gross income. Do not enter amount reported on the W-2 (Box 12, Code Q).	\$ \$ or N/A
\$ \$ or N/A	Taxable earnings from need-based employment programs (Federal Work Study) and need-based employment portions of fellowships & assistantships. Please include earnings from work under a cooperative education program offered by a college.	\$ \$ or N/A

The College must review the requested information, under the financial aid program rules (CFR title 34, Part 668). If you are the student, by signing this application you certify that you (1) will use federal and/or state student financial aid only to pay the cost of attending an institution of higher education, (2) are not in default on a federal student loan or have made satisfactory arrangements to repay it, (3) do not owe money back on a federal student grant or have made satisfactory arrangements to repay it, (4) will notify your school if you default on a federal student loan and (5) will not receive a Federal Pell Grant for more than one school for the same period of time. If you are the parent or the student, by signing this application you agree, if asked, to provide information that will verify the accuracy of your completed form. This information may include your U.S. or state income tax forms that you filed or are required to file. Also, you certify that you understand that the Secretary of Education has the authority to verify the information reported on this application with the Internal Revenue Service and other federal agencies.

Student's Signature

Date

Parent(s) Signature

Date

→ UPLOAD YOUR DOCUMENTS TO ALMA COLLEGE: alma.edu/fadocupload

