

Report of Additional Financial Information in 2020 – Student

Student Information:

Last Name		First Name	Middle	Initial Stu	dent/Banner ID Number			
nst	ructions: If the any of the follow	ing applied to the student	(and/or spouse, if st	udent is m	narried) in 2020, please			
ndi	cate the amounts and other deta	ails in the appropriate table	e below.					
	ny item does not apply, enter "N _, Student ID# at the top.	/A" or \$0. If more space is r	needed, include a se	parate pa	ge with the student's name			
	Submit this form and a	ny other required docume	ntation (e.g., 2020 II	RS Tax Ret	turn Transcript)			
	t	to the financial aid admini	strator at your colle	ge.				
	Child Support Paid – If applicable, provide documentation List support paid by the student (and/or spouse, if student is married) per divorce, separation, or legal requirement. Do NOT include support for children already reported in your household on your FAFSA.							
	Name of Person Who Made the Payment (student or spouse)				Annual Amount Paid in 2020			
	Taxable Earnings from Need-Ba Include Federal Work-Study ear							
	Name of Person Earning (student or spouse)	Type of Program (e.g., Work-Study)	Source of Employment (e.g., name of school)		Annual Amount Earned in 2020			
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Name of Person Earning (student or sp	ouse)	Amount of Combat I	Pay Earned in 2020
xable College Grants and Scholarships Re If applicable, provide documentation. clude scholarships, grants, AmeriCorps be ant/scholarship portions of fellowships and pNOT include grants and scholarships that ducational expenses should not be included	nefits (awa nd assistan nt you did n	rds, living allowance and inter tships for which you reporte	ed as income to the IRS.
Name of Recipient (student or spouse)		e of Benefit Received (e.g., scholarship)	Annual Amount Received in 2020
rnings from Cooperative Education Progr If applicable, provide documentation	rams Offer	ed by a College	
•	So	ed by a College urce of Employment .g., name of school)	Annual Amount Earned in 2020
If applicable, provide documentation Name of Person Earning	So	urce of Employment	
If applicable, provide documentation Name of Person Earning	So	urce of Employment	

Student's Name: ______Student/ Banner ID: ______