	Name of Financial Aid Applicant (Please print in Black Ink)		
	Last	First	MI
	Student I	D Number:	
		COLLEGE ICIAL INFORMATION	I
ccording to your Student Aid Report, you, your spouse of confirm. You must submit the information you provided of convenience, the FAFSA questions are provided below. Place our application will be considered incomplete until this form	n your 2019 ease comple	0-2020 FAFSA to document thie ete this information and return	is exclusion. For your
Calendar Year 2017 (January 1, 2017 through December 31, 2017)		FAFSA (	Questions
, , ,		Student (and spouse)	Parent(s)
Education credits (American Opportunity and Lifetime from IRS form 1040-line 50 or 1040A-line 33.	e Learning	Question #44 Tax Credits) \$	Question #93 \$
Child support <b>paid</b> because of divorce or separation of as a result of a legal requirement. Do not include suppaid for children reported as dependents on the FAFS. Attach documentation for amounts paid.	ort	\$	\$
Taxable earnings from Federal Work-Study or other need-based work programs, reported on your (or your parents') 2017 Federal tax return.		\$	\$
Student grant, scholarship, fellowship and assistantshi aid, including AmeriCorps awards, that were reported (or your parents') 2017 Federal tax return.		\$	\$
Combat pay or special combat pay. Only enter the ame was taxable and included in your adjusted gross incom <b>Don't include untaxed combat pay.</b>		\$	\$
Earnings from work under a cooperative education program offered by a college.		\$	\$
TOTAL:		\$	\$
ertification and Signature y signing this worksheet, I certify that all the informat arried, spouse's signature is optional).			-
WARNING: If you purposely give false or misleading i	nformation	on this worksheet, you may be fi	ined, sentenced to jail, or both.
Student's Signature Dat		Parent's Signature	Date