



Name (Last, First): _____

SUA ID # _____

Date: _____

Cell Phone #: _____

You must complete all application sections. Do not leave any question or amount response blank. If a question does not apply, write "N/A" (for Not Applicable) where a response is requested, or "0" if an amount is requested. Forms submitted with blanks will be considered incomplete and may delay receipt of financial aid.

SECTION A: Information about Parent(s)' Household Size & Family Members in College

1. List the people in your parent(s)' household. Please include:

- Yourself and your parent(s) (including stepparent) even if you do not live with your parents
- Your parent(s)' other dependent children, even if they do not live with your parent(s). List only family members whom your parent(s) provide more than half of their support OR family members that would be required to provide your parent(s)' information when applying for student aid. Do not include foster children.
- Other members; only if: (a) they live with your parent(s), **AND** (b) your parent(s) provide more than half of their support, **AND** (c) will continue to provide support from July 1, 2017 through June 30, 2018.
- College information for any household member that: (a) will enroll in college at least half-time during the 2017-2018 academic year, **AND** (b) was born on or after January 1, 1994, **AND** (c) will be enrolled in an undergraduate degree, diploma, or certificate.

Full Name of Household Member*	Relationship to Student	Born on or after January 1, 1994	For family members born on or after January 1, 1994; who will enroll at least half-time in college in 2017-2018**		
			Name of College	Degree	Year in College
	Self	XXXX	Soka University		
		<input type="checkbox"/> Yes <input type="checkbox"/> No			
		<input type="checkbox"/> Yes <input type="checkbox"/> No			
		<input type="checkbox"/> Yes <input type="checkbox"/> No			
		<input type="checkbox"/> Yes <input type="checkbox"/> No			
		<input type="checkbox"/> Yes <input type="checkbox"/> No			

* If your Number of Household Members exceeds the space provided above, please attach another sheet listing the additional members in the household.

** Verification of College Enrollment may be requested at a later date. Please note that we will not consider college enrollment for: (a) parents, (b) foster children, or (c) family members attending a foreign college, military schools, non-financial aid recipient colleges, or those enrolled in graduate/professional schools.

2. If any member of your household (listed above) is not a parent or brother/sister, please explain how and why your family is financially supporting this person:

SECTION B: Supplemental Information/Programs

1. Dislocated Worker/Displaced Homemaker: As of today, are either of your parents (listed in **Section A**) a “dislocated worker” or “displaced homemaker?” (A person is considered “dislocated” if he/she meets one of the following conditions: (a) has lost his/her job, (b) has been laid off, (c) is receiving unemployment benefits due to layoff, (d) was self-employed, but is now unemployed due to economic conditions or natural disasters.)
(Verification may be requested.) **Answer:** Yes No

2. Federal Benefits: Indicate if you, your parent(s)', or anyone in your parents' household (listed in **Section A**) received benefits from one of the following federal programs in 2015 or 2016: (Verification may be requested.)

- Medicaid or Supplemental Security income (SSI)
- Free or Reduced Price School Lunch
- Temporary Assistance for Needy Families (TANF)
- Special Supplemental Nutrition Program for Women, Infants & Children (WIC)
- Supplemental Nutrition Assistance Program – SNAP (food stamps)

SECTION C: Financial Information

1. Check all applicable boxes below and provide the requested information:

Parent(s)' 2015 Federal Income Tax Information
A First or Second Parent (as reported on your FAFSA) may include the following: father, mother, stepfather, and/or stepmother.
<p>A) Did your First Parent earn any income in 2015? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>First Parent’s total earned income in 2015: \$ _____</p>
<p>B) Did your Second Parent earn any income in 2015? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Second Parent’s total earned income in 2015: \$ _____</p>
<p><input type="checkbox"/> Check if parent(s) did will not, and were not required to, file a 2015 federal tax return.</p> <p>Please provide W-2 forms for all sources of income. For any sources of income for which your parent does not have a W-2, please attach a signed statement listing these sources of income, the amounts earned from each source, and an explanation of why you are unable to provide a W-2 form.</p>
<p><input type="checkbox"/> Check if parent(s) filed, or will file, a 2015 federal income tax return.</p>
<p><input type="checkbox"/> Check if parent(s) filed, or will file, a Puerto Rican or other foreign tax return. Attach the original tax document; along with a signed, translated, notarized copy of the tax document. Convert figures to U.S. dollars.</p>



Student's 2015 Federal Income Tax Information
Did you earn any income in 2015? <input type="checkbox"/> Yes <input type="checkbox"/> No
Student's total earned income in 2015: \$ _____
<input type="checkbox"/> Check if student did not, and was not required to, file a 2015 federal tax return.
Please provide W-2 forms for all sources of income. For any sources of income for which the student does not have a W-2, please attach a signed statement listing these sources of income, the amounts earned from each source, and an explanation of why you are unable to provide a W-2 form.
<input type="checkbox"/> Check if student filed, or will file, a 2015 federal income tax return.
<input type="checkbox"/> Check if student filed, or will file, a Puerto Rican or other foreign tax return. Attach the original tax document; along with a signed, translated, notarized copy of the tax document. Convert figures to U.S. dollars.

2. **Complete the sections below.** Include the total amounts from January 1, 2015 through December 31, 2015. If the answer is "zero", or the question does not apply, enter "\$0.00". **Do not leave any items blank. Incomplete forms will not be accepted and may delay the student's award.**

2015 Additional Financial Information			Parent	Student
			Totals from 1/1/15 to 12/31/15	
Taxable earnings from federal Work-Study, awarded as part of your student financial aid package or other need-based work programs (attach W-2 forms).				
Grant and scholarship amounts included in wages (Line 7 on a 1040/1040a tax return) as "SCH." This includes AmeriCorps benefits.				
Combat pay or special combat pay included in your IRS 1040 adjusted gross income. Note: Do not include untaxed combat pay.				
Earnings from work under a cooperative education program offered by a college.				
Child support paid because of divorce or separation. Do not include support for members listed in Section A of this form.				
Full Name of Person Who Paid Child Support	Full Name of Child for Whom Support was Paid	Age of Child	Full Name of Person to Whom Support was Paid	

