

Office of Financial Aid

Instructions for Completing the Soka Dream Financial Aid Application

This **Soka Dream Financial Aid Application** is a Soka-specific application used to determine the financial aid eligibility of students applying to Soka University who:

- Are **not** eligible to file a federal **FAFSA** application; **AND**
- Do **not** meet the qualifications for California Assembly Bill 540 (AB540), AB 130, and AB 131; and therefore **cannot** submit a state [California Dream Financial Aid Application](#).

NOTE: This **Soka Dream Financial Aid Application** is used for university-based financial aid, **not** federal aid.

California Dream Financial Aid Application (CA AB540) Requirements for Eligibility

- If you **DO** meet the following requirements, submit a [California Dream Financial Aid Application](#).
- If you **DO NOT** meet the following requirements, submit this **Soka Dream Financial Aid Application**.

California Dream Requirements (CA AB540) – Do you qualify?

- **A) Attended a California high school for a minimum of three years; OR B) Attained credits, in California, for the California high school equivalent of at least three years or more of full-time high school coursework AND attained a total of three or more years of attendance in California elementary schools, California secondary schools, or a combination of those schools**
- **A) Have graduated, or will graduate, from a California high school; OR B) Attained a General Education Development (GED), High School Equivalency Test (HiSET), or Test Assessing Secondary Completion (TASC)**
- Will register or enroll in an accredited and qualifying California college or university
- Do not currently hold a valid non-immigrant visa (F, J, H, L, A, B, C, D, E, etc.)
 - **NOTE:** If you hold a Temporary Protected Status, or hold a “U” Visa, you may be eligible.

Students who have a Social Security Number issued after completing the Deferred Action for Childhood Arrivals (DACA) process are not eligible for federal financial aid. These students will be required to complete this Soka Dream Financial Aid Application, or complete the [California Dream Financial Aid Application](#), even if they have a Social Security Number that was received through the DACA process.

Is the Soka Dream Financial Aid Application the Correct Application for Me?

1. I am a U.S. citizen (or a U.S. national):
 - a. If you are a U.S. citizen or U.S. national, you should file the FAFSA application at www.fafsa.gov
2. I am an “eligible non-citizen”:
 - a. If you meet the definition of “eligible non-citizen,” you should file the FAFSA at www.fafsa.gov
3. I am not “a citizen or eligible non-citizen”:
 - a. If you are **not** “a citizen or eligible non-citizen”, and **DO NOT** meet the CA AB540 requirements; you should complete this **Soka Dream Financial Aid Application**
 - b. If you are **not** “a citizen or eligible non-citizen”, and **DO** meet CA AB540 requirements; you should complete the state **California Dream Act Application**, available at: <https://dream.csac.ca.gov>
4. I am an international student:
 - a. If you are an international student attending (or planning on attending) Soka University on a “F1 Student Visa”, you should complete the **Soka International Student Financial Aid Application**, available at: www.soka.edu/admission_aid/Financial_Aid/Forms.aspx

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You must submit your completed application, along with all required supporting documents, via mail or in-person, by the following deadline!

Application Submission Deadlines

Incoming (First-Year) Students: **February 15, 2018**

Continuing Students: **March 2, 2018**

- **Collect the following documentation to assist with completing this application:**
 - **Tax Returns and Income Documentation:**
 - **Non-U.S. tax returns** – Returns must show ‘Total Income’ and ‘Total Tax Assessed’ amounts.
 - **U.S. tax returns** – This includes tax transcripts or IRS Form 1040.
 - **For non-tax return filers** – Income documentation that shows ‘Total Income’.
 - **NOTE:** Tax and income figures should reflect the previous 12-month tax or fiscal period. The traditional United States “calendar” tax period for this application is January 1, 2016 to December 31, 2016. If you or your parents filed taxes in a country that uses a “fiscal” tax period (such as fiscal year 2016; July 1, 2015 to June 30, 2016), include income and tax documents for **both** 2015 and 2016.
 - **Bank, Brokerage, and Investment Account Statements.** Do not include “retirement” accounts.
 - **Investment Real Estate Information.** Purchase Price, Current Market Value, Mortgage Balance.
 - **Grant and Scholarship Documentation**
 - **Any other miscellaneous funds earned or paid to you or your parents. Any other business or asset owned by you or your parents.**
- All non-English language documents must be submitted in English-translated format, and include an official translation certification form.
- 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 enter a “**0**” if an amount is requested. Forms submitted with blanks will be considered incomplete and may delay receipt of financial aid.
- Submit additional sheets along with this application if more room is required to answer any question.
- Do not submit these cover pages (Page 1 & 2) along with your application.
- **NOTE!: Soka University of America may request additional supporting documentation for any information or monetary figure submitted on this form.**



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Name (Last, First, MI): _____ SUA Student ID#: _____

SECTION A: DEMOGRAPHIC INFORMATION

PART A1: STUDENT INFORMATION

Name (Last, First, MI): _____ SUA Student ID#: _____

Phone Number: _____ Date of Birth: _____

State of Residence: _____ Email Address: _____

- Citizenship Status: U.S. Citizen Eligible Non-Citizen
 NOT a Citizen or Eligible Non-Citizen International

- If you **are** a U.S. citizen or permanent resident, STOP HERE. You must complete a [FAFSA Application](#)
- If you **are not** a U.S. citizen or permanent resident, and meet CA AB540 requirements, STOP HERE. You must complete a [California State Dream Application](#)
- If you are an international (non-U.S.) student, STOP HERE. You must complete the [Soka International Student Application](#)

Marital Status: Single Married *Separated *Divorced Widowed

*Date of Separation (if Separated or Divorced): _____

PART A2: PARENT INFORMATION

If you (the student) were born on or before January 1, 1995, or are married, you may skip PART A2.

The term "Parent" refers to a biological or adoptive parent. If your parents are married, give the information for both parents, even if one is not working. If you live with one parent who has re-married, give the information for both your biological parent and your step-parent.

Parent 1 Name: _____

Parent 2 Name: _____

Parents' Current Marital Status:

- Single Married Re-Married **Separated **Divorced Widowed

**Date of Separation (if Separated or Divorced): _____



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PART A3: FAMILY INFORMATION

List the people in your, or your parent(s)', household in the following table. 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 family 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, 2018 through June 30, 2019.
- College information for any household member that: (a) will enroll in college at least half-time during the 2018-2019 academic year, **AND** (b) was born on or after January 1, 1995, **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, 1995 | Complete these fields for family members born on or after January 1, 1995; who will be enrolled at least half-time in college in 2018-2019* | | |
|-------------------------------|-------------------------|--|---|----------------|-------------------------------|
| | | | Name of College | Type of Degree | Year in College for 2018-2019 |
| | 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 | | | |

* 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 school, non-financial aid recipient college, or enrolled in graduate/professional schools.

If any member of your household (listed in the previous table) is NOT a parent or brother/sister, please explain how and why your family is financially supporting this person:



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SECTION B: INCOME & TAX INFORMATION

PART B1: NON-U.S. TAX RETURN FILERS

Answer the following questions regarding non-U.S. tax return filings for non-U.S. income earned or gained.

| 2016 Non-U.S. Tax Return Filer Information | | | |
|--|--------------------------|--------------------------|--------------------------|
| | Student | Parent 1 | Parent 2 |
| Check the box for any person that filed a <u>non-U.S. tax return</u> for the 2016 tax year. If your home country is not on a calendar tax year, use the 2015-2016 and 2016-2017 tax years. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| FOR ALL PERSONS WITH BOXES CHECKED IN THE QUESTION ABOVE: <ul style="list-style-type: none"> Attach original tax documents. Include a signed, translated, notarized copy of the tax document(s) if not presented in English. Tax document submissions must have all figures converted to U.S. dollars, and currency conversion information (symbol, rate, & date) clearly stated. | | | |

PART B2: TAX RETURN NON-FILERS

| 2016 Tax Return Non-Filer Information | | | |
|--|--------------------------|--------------------------|--------------------------|
| | Student | Parent 1 | Parent 2 |
| 1) Check the box for any person that <u>did not</u> earn ANY income in 2016. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2) Check the box for any person that <u>did</u> earn income in 2016, and <u>was not</u> required to file a 2016 tax return. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| FOR ALL PERSONS WITH BOXES CHECKED FOR QUESTION #2 ABOVE: <ul style="list-style-type: none"> If they worked <u>within</u> the U.S.: Attach IRS Form W-2 for all sources of income. For any sources of income for which they do not have an IRS Form W-2, please attach a signed statement listing these sources of income, the amounts earned from each source, and an explanation of why they are unable to provide a W-2 form. If they worked <u>outside</u> the U.S.: Attach income statement forms for all sources of income. For any sources of income for which they do not have an official statement of income, please attach a signed statement listing these sources of income, the amounts earned from each source, and an explanation of why they are unable to provide an official statement of income form. Provide monetary values in both U.S dollars and the local currency amounts. Include currency conversion information. | | | |



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PART B3: TOTAL INCOME & TOTAL TAX ASSESSED

Enter the Total Income & Total Tax Assessed values in the table below by adding the figures obtained from forms gathered in sections PART B1 and PART B2.

The figures entered below should represent totals, regardless of income origin.

| 2016 Total Income & Total Tax Assessed Information | | |
|---|--------------------|--------------|
| List the following totals for any person who earned any income in 2016 (or fiscal year 2015-2016) | | U.S. Dollars |
| STUDENT | Total Income | |
| | Total Tax Assessed | |
| PARENT 1 | Total Income | |
| | Total Tax Assessed | |
| PARENT 2 | Total Income | |
| | Total Tax Assessed | |

PART B4: UNTAXED INCOME INFORMATION

| 2016 Untaxed Additional Income Information | Student | Parent(s) |
|--|--|-----------|
| | Totals from 1/1/16 to 12/31/16 (U.S. dollars) | |
| Payments to tax-deferred pension and savings plans (paid directly or withheld from earnings). Include amounts reported on the W-2 form in Boxes 12a –12d; Codes D, E, F, G, H, and S. Do not include code DD. | | |
| Child Support received for any of your, or your parents', children. Do not include foster children. | | |
| Housing, food, and other living allowances paid to members of the military, clergy, and others (including cash payments and cash value of benefits.) Do not include the value of on-base military housing or the value of a basic military allowance for housing. | | |
| Veteran non-educational benefits, such as: Disability, Death Pension, or Dependency & Indemnity Compensation (DIC), and/or VA Educational Work-Study allowances. | | |
| Money received, or paid, by someone else on your behalf that was not reported elsewhere on this form (e.g., bills, etc.). | XXXXXXXX | |



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PART B5: ADDITIONAL FINANCIAL INFORMATION

| 2016 Additional Financial Information | Parent | Student |
|--|--------------------------------|---------|
| | Totals from 1/1/16 to 12/31/16 | |
| Taxable earnings from federal Work-Study, awarded as part of your student financial aid package or other need-based work programs. Attach all IRS W-2 forms for this income. | | |
| Grant and scholarship amounts included in wages (Line 7 on an IRS 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. | | |

List the 'Total Child Support' **paid** out because of divorce or separation. Do **not** include support for family members listed in the table located within the **PART A3: FAMILY INFORMATION** section 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 | Total Paid | |
|--|--|--------------|--|------------|---------|
| | | | | Parent | Student |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |



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SECTION C: BANK ACCOUNTS, INVESTMENTS, & ASSETS

Please provide information for accounts and assets held by you and/or your parents.

List the total balance for each account type as of the date of this application.

Be sure to check the appropriate box for any person who does **NOT** hold an account.

IMPORTANT NOTE: Soka may request copies of statements to verify balance information for any account listed.

PART C1: BANK ACCOUNTS

List the total bank account balance for each individual; for savings, checking, money markets, etc.; for domestic or foreign accounts.

| Bank Account Balance Information (Checking, Savings, Money Market, etc.) | | |
|--|---------------------|---------------------------------------|
| Provide the TOTAL of ALL checking and savings accounts, whether domestic or foreign. | | |
| Account Owner | U.S. Dollar Balance | Check if this person has no accounts. |
| STUDENT | | <input type="checkbox"/> |
| PARENT 1 | | <input type="checkbox"/> |
| PARENT 2 | | <input type="checkbox"/> |

PART C2: INVESTMENT ACCOUNTS

List the Total Net Worth of all investment accounts held for each individual. Attach additional sheets if needed.

These accounts include: Brokerage accounts, Trust funds, UGMA and UTMA accounts, Money Market funds, Mutual Funds, Certificates of Deposit, Stocks, Stock options, Bonds, Other securities, Installment and Land sale contracts, Commodities, etc. Include the value of all qualified education accounts such as Coverdell savings accounts, 529 college savings plans, and Refund values of 529 pre-paid tuition plans. NOTE: **Do not** include the value of life insurance policies or designated retirement plans (e.g., 401k, 403b, Pension funds, Annuities, Non-education IRAs, etc.)

| Investment Account Balance Information (Brokerage Accounts, etc.) | | | |
|---|--------------------------------|----------------------|---------------------------------------|
| Account Owner | Account Type (Brokerage, etc.) | U.S. Dollars Balance | Check if this person has no accounts. |
| STUDENT | | | <input type="checkbox"/> |
| STUDENT | | | |
| PARENT 1 | | | <input type="checkbox"/> |
| PARENT 1 | | | |
| PARENT 2 | | | <input type="checkbox"/> |
| PARENT 2 | | | |



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PART C3: INVESTMENT REAL ESTATE

Provide details for all investment real estate held by you or your parents. Attach additional sheets if needed.

These properties include: Real estate other than your primary residence, Rental property, Mobile homes, Condos, Duplexes, Land, Summer homes, etc. **NOTE: Do not include a "primary residence" (i.e., a home that you primarily reside in).**

| Investment Real Estate Information | | | |
|------------------------------------|----------------------------------|-------------------------------------|--|
| PROPERTY #1 | | | |
| Property Address | | | |
| Held By | <input type="checkbox"/> Student | <input type="checkbox"/> Parent | |
| Original Purchase Price (USD) | Current Market Value (USD) | Current Mortgage Loan Balance (USD) | |
| | | | |

PART C4: BUSINESS INFORMATION

Provide information for any businesses or investment farms owned by you or your parents.

Do not include businesses with 100 or fewer full-time employees, or designated "family farms".

Documents will be sent to you requesting further information. Attach additional sheets if needed.

| Business or Investment Farm Information | | | | |
|---|---|---------------------------------|-------------------------------|--|
| BUSINESS #1 | | | | |
| Business Address | | | | |
| Business Name & Nature | | | | |
| Held By | <input type="checkbox"/> Student | <input type="checkbox"/> Parent | Percent of Ownership Interest | |
| Business Market Value (USD) (100% value, not % of ownership) | Business Debt (USD) (100% debt amount, not % of ownership) | | Number of Full-time Employees | |
| | | | | |



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SECTION D: SUBMISSION INFORMATION

1) If you are a current Soka student, or an admitted Soka applicant, please review all “To Do List” items for incomplete items or missing documents at:

learn.soka.edu

- Locate the “To Do List” section on the right of the screen.
- Click the ‘more’ link to display an extended list of your To Do List items.
- Incomplete documents will display with a status of “Initiated” or “Notified”.

2) Return this completed form to the Soka University Office of Financial Aid.

Please mail this form, or deliver this form in-person, along with include any supporting documents.

If you choose to submit information via email, SUA will not be responsible for any data security breach, and we may still request that you submit original documents.

| | |
|---|---|
| <p>Applications can be mailed or delivered in-person to: Soka University of America Office of Financial Aid Founders Hall, Room 216 1 University Drive Aliso Viejo, CA 92656 USA</p> | <p>Website: www.soka.edu/financialaid Email: financialaid@soka.edu Phone: (949) 480-4342</p> |
|---|---|

For more information, please visit our website at: www.soka.edu/financialaid

SECTION E: SIGNATURE(S)

By signing this form, we certify that all the information reported on this application is complete and accurate to the best of our knowledge. Some information may be an estimate and will be confirmed and/or updated by the submission of verification documents (i.e., tax returns, bank statements, etc.) I understand that any false statements or misrepresentation may be cause for denial, reduction, withdrawal, and/or repayment of financial aid, and that I may be subject to a fine. (If you were born before January 1, 1995; your parents do not need to sign this form.)

Student Name (print)

Student Signature

Date

Parent Name (print)

Parent Signature

Date