



SOKA UNIVERSITY

Financial Aid Application

SECTION A

Postmark Deadline: March 2, 2010

SUA ID: _____
CONTINUING STUDENTS

2010 Academic Level: First-year Sophomore Junior Senior Bridge Program

Please type or print clearly.

Name _____
LAST (FAMILY) FIRST MIDDLE

Permanent Home Address _____
NUMBER STREET APT. NO.

CITY STATE/PROVINCE COUNTRY POSTAL CODE

Permanent Phone Number _____
TELEPHONE E-MAIL

Marital status as of today: I am single, divorced or widowed I am married I am legally separated

Date of Birth _____ Gender: Male Female
MONTH DAY YEAR

Check here if you were born before January 1, 1987.

**SECTION B
STUDENT
TAX FORM
AND INCOME
INFORMATION**

Check one of the boxes below and follow instructions.

- Check here if you had no earnings in 2009 and are NOT required to file a 2009 foreign or U.S. income tax return.
- Check here if you had earnings in 2009 and filed a U.S. income tax return or foreign tax return. Please attach a copy of the 2009 federal income tax return or foreign tax return that has been officially translated into English and converted into U.S. dollars.

Please note: The income information must clearly indicate all income earned and all taxes paid.

Source of income: _____
EMPLOYER AMOUNT (U.S. \$)

Total current balance of cash, savings and checking accounts (U.S. or international). Official bank statements must be submitted with the application.

\$ _____ (MUST be officially translated into English and converted into U.S. dollars.)
SELF

**SECTION C
PARENTS
TAX FORM
AND INCOME
INFORMATION**

Check one of the boxes below and follow instructions.

Check here if your parents filed a tax return and attach an officially translated copy with all figures converted into U.S. dollars.
Please note: The income statement must clearly indicate income earned and taxes in 2009.

Check here if your parents did work and will NOT file a 2009 tax return.
If your parents did work and will NOT file a 2009 tax return, list employer(s) below and ANY income received in 2009.
Source of Income:

FATHER/STEPFATHER/LEGAL GUARDIAN'S EMPLOYER	AMOUNT (IN U.S. DOLLARS)
MOTHER/STEPMOTHER/LEGAL GUARDIAN'S EMPLOYER	AMOUNT (IN U.S. DOLLARS)
TOTAL INCOME (IN U.S. DOLLARS)	

Total current balance of cash, savings and checking amounts (official bank statements must be submitted with the application):

\$ _____ (MUST be officially translated into English and converted into U.S. dollars.)
PARENT/GUARDIAN

Current net worth of investments: Include real estate – other than the home you live in – trust funds, money market funds, mutual funds, certificates of deposits, stocks, bonds and other securities. (For real estate property please subtract investment debt from value.):

\$ _____ (MUST be officially translated into English and converted into U.S. dollars.)
PARENT/GUARDIAN

Current net worth of business (business value minus business debt):

\$ _____ (MUST be officially translated into English and converted into U.S. dollars.)
PARENT/GUARDIAN

Current net worth of investment farm (a farm you/your parents/legal guardian own but do not use as a residence):

\$ _____ (MUST be officially translated into English and converted into U.S. dollars.)
PARENT/GUARDIAN

SECTION D

Parent(s) Household Information

List the people in your parents' household. Please include: yourself, your parents and your siblings (if living at home).

FULL NAME	AGE	SELF	NAME OF UNIVERSITY	
_____	_____	_____	_____	
_____	_____	MOTHER	_____	
_____	_____	FATHER	_____	
_____	_____	RELATIONSHIP	NAME OF UNIVERSITY, (IF ATTENDING)	WILL BE ENROLLED FALL 2010? <input type="checkbox"/> YES <input type="checkbox"/> NO
_____	_____	RELATIONSHIP	NAME OF UNIVERSITY, (IF ATTENDING)	WILL BE ENROLLED FALL 2010? <input type="checkbox"/> YES <input type="checkbox"/> NO
_____	_____	RELATIONSHIP	NAME OF UNIVERSITY, (IF ATTENDING)	WILL BE ENROLLED FALL 2010? <input type="checkbox"/> YES <input type="checkbox"/> NO

*Must be under 24 years of age and enrolled in at least two courses or the equivalent of six units leading to a degree or certificate.

Total number in household: _____ Total number in university: _____ (DO NOT INCLUDE PARENTS IN NUMBER IN UNIVERSITY)

Signatures: By signing this form, we certify that all the information reported herein for consideration of financial assistance is complete and correct. Must be signed by student and at least one parent.

SECTION E

Student's Name (print) _____
LAST FIRST MIDDLE

SIGNATURE OF STUDENT _____ DATE _____

Parent's Name (print) _____
LAST FIRST MIDDLE

SIGNATURE OF PARENT _____ DATE _____

Mail this form with ALL required documentation to:

Soka University
Office of Financial Aid
1 University Drive
Aliso Viejo, CA 92656