

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 graduate 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: <https://www.soka.edu/financial-aid-tuition/aid-graduate-students/aid-graduate-dreamers>

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, 2021

Continuing Students: March 2, 2021

WARNING!: Late application or documentation submissions will result in a **reduction** of grants or scholarships.

- **Collect the following documentation to assist with completing this application:**
 - **Tax Returns and Income Documentation:**
 - **Non-U.S. tax 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:** ‘Income’ and ‘Tax Assessed’ figures should include the entire 12-month “2019 tax period”. The United States 2019 tax period is January 1, 2019 to December 31, 2019. If you or your parents filed taxes in a country that uses a “fiscal” tax period (such as July 1, 2018 to June 30, 2019), use/submit income and tax documents for **both** the 2018-2019 and 2019-2020 fiscal years; to include **all** 2019 income
 - **Bank, Brokerage, and Investment Account Statements.** Do not include “retirement” accounts.
 - **Investment Real Estate or Business(es) owned by you or your parents.**
 - **Grant and Scholarship Documentation**
 - **Any other miscellaneous funds earned by, or paid to, you or your parents.**
- All non-English language documents must be submitted in English-translated form 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 along with your application.
- Students previously admitted to SUA should include their seven-digit “SUA Student ID#” on this form. First-time SUA applicants will not have an SUA ID# and should leave this field blank.
- **NOTE!** *Soka University of America may request additional supporting documentation for any information or monetary figure submitted on this form.*

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

SECTION A: DEMOGRAPHIC INFORMATION

Complete all application sections and fields leaving no question or amount response blank. If a question does not apply, write "N/A" (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.

PART A1: STUDENT (& SPOUSE) 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

* Name of Spouse (if Married): _____

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

Dislocated Workers/Displaced Homemakers

As of today, are either you or your spouse a "dislocated worker" or "displaced homemaker?"

Yes No

(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 documentation may be requested.)

Name (Last, First, MI): _____

SUA Student ID#: _____

PART A2: FAMILY HOUSEHOLD INFORMATION

List the people living in your household. Please include:

- Yourself, and your spouse (if married).
- Your dependent children, even if they do not live with you. List only family members whom you provide more than half of their support **OR**, family members that would be required to provide your information when applying for student aid. Do not include foster children.
- Other members; only if: (a) they live with you, **AND** (b) you provide more than half of their support, **AND** (c) you will continue to provide support from July 1, 2021 through June 30, 2022.
- College information for any household member that will enroll in college at least half-time during the 2021-2022 academic year.

Full Name of Household Member	Relation to Student	Born on or after January 1, 1998	List only family members who will enroll at least half-time in college in 2021-2022*		
			Name of College	Type of Degree (BA, MA, etc.)	Year in College for 2021-2022 (1, 2, 3, or 4)
	Yourself	N/A	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 from you 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, a military school, a 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:

Name (Last, First, MI): _____

SUA Student ID#: _____

SECTION B: TAX AND INCOME INFORMATION

Complete **all** application sections and fields leaving no question or amount response blank. If a question does not apply, write “**N/A**” (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.

PART B1: TAX RETURN NON-FILERS (Did not file ANY tax returns, in any country.)

2019 Tax Return Non-Filer Information	STUDENT	SPOUSE
	For each person listed, check only <u>one</u> box for either Question 1 or Question 2, but not both!	
1) Check the box for any person that <u>did not</u> earn ANY income in 2019.	<input type="checkbox"/>	<input type="checkbox"/>
2) Check the box for any person that <u>did</u> earn income in 2019, and <u>was not</u> required to file a 2019 tax return.	<input type="checkbox"/>	<input type="checkbox"/>
<p>FOR ALL PERSONS WITH BOXES CHECKED FOR QUESTION #2 ABOVE:</p> <p>If they worked <u>in</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.</p> <p>If they worked <u>outside</u> of 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 local currency amounts. Provide currency conversion information.</p>		

PART B2: TAX RETURN FILERS – Non U.S. Tax Return (Filed tax return in a country other than the U. S.)

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

2019 Non-U.S. Tax Return Filer Information	STUDENT	SPOUSE
Check the box for any person that filed a <u>non-U.S. tax return</u> for the 2019 tax year. If your home country is on a fiscal year, and not on a calendar tax year, use both the 2018-2019 and 2019-2020 tax years.	<input type="checkbox"/>	<input type="checkbox"/>
<p>FOR ALL PERSONS WITH BOXES CHECKED IN THE QUESTION ABOVE:</p> <ol style="list-style-type: none"> Attach all original tax documents. Include a signed, translated, notarized copy of each tax document. Tax document submissions must have all monetary figures converted to U.S. dollars. Currency conversion information (symbol, rate, & date) must be clearly stated. 		

Name (Last, First, MI): _____

SUA Student ID#: _____

PART B3: TOTAL INCOME & TOTAL TAX ASSESSED

Enter the 'Total Income' & 'Total Tax Assessed' values into 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.

2019 Total Income & Total Tax Assessed Information		
List the following totals for any person who earned any income in 2019 (*see NOTE below)		U.S. Dollars
STUDENT	Total Income	
	Total Tax Assessed	
SPOUSE	Total Income	
	Total Tax Assessed	

* **NOTE:** 'Income' and 'Tax Assessed' figures should include the entire 12-month "2019 tax period". The United States 2019 tax period is January 1, 2019 to December 31, 2019. If you (or your spouse) filed taxes in a country that uses a "fiscal" tax period (such as July 1, 2018 to June 30, 2019), use/submit income and tax documents for both the 2018-2019 and 2019-2020 fiscal years; to include **all** 2019 income.

PART B4: UNTAXED INCOME INFORMATION

2019 Untaxed Additional Income Information	STUDENT	SPOUSE
	Totals from 1/1/19 to 12/31/19 (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.		
List the 'Total Child Support' received for any of your, or your spouses', children. Do not include foster children.		
List the total of housing, food, and other living allowances paid to any members of the military, clergy, or 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.		
List the total of any other money you or your spouse received on your behalf that is not reported elsewhere on this form. (e.g., bills paid for you, etc.)	N/A	

Name (Last, First, MI): _____

SUA Student ID#: _____

PART B5: ADDITIONAL FINANCIAL INFORMATION

2019 Additional Financial Information				
List the 'Total Child Support' paid out in 2019 because of divorce or separation. Do not include support for family members listed in the table located in the PART A2: 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

Name (Last, First, MI): _____

SUA Student ID#: _____

SECTION C: BANK ACCOUNTS, INVESTMENTS, & ASSETS

Complete **all** application sections and fields leaving no question or amount response blank. If a question does not apply, write “*N/A*” (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.

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

PART C1: ACCOUNT BALANCES AND NET WORTH

List total account balance information for yourself and your spouse, as of the date of this application.

Be sure to check the appropriate box for any person who does NOT hold ANY accounts.

NOTE: SUA may request copies of statements for verification of balances for any account listed.

Accounts to include: Bank accounts (checking, savings, etc.), Brokerage (investment) 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.

Accounts to exclude: Life insurance policies, Designated retirement plans (e.g., 401k, 403b, Pension funds, Annuities, Non-education IRAs, etc.)

Bank (Checking & Savings) and Brokerage (Investment) Account Balance Information			
Provide the TOTAL BALANCE for every account held at any U.S. (domestic) or international institution. Figures entered below should represent account balances as of the date of this application.			
Owner	Check if this person has no accounts.	Account Type (Bank, Brokerage, etc.)	U.S. Dollars Balance
STUDENT	<input type="checkbox"/>		
STUDENT			
STUDENT			
STUDENT			
SPOUSE	<input type="checkbox"/>		
SPOUSE			
SPOUSE			
SPOUSE			

OFFICE OF FINANCIAL AID

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

PART C2: INVESTMENT REAL ESTATE

IMPORTANT!: DO NOT include the primary residence that you or your spouse live in on a daily basis.

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

“Investment Real Estate” includes: Real estate other than your primary residence, rental properties, mobile homes, condominiums, duplexes, land, summer homes, etc.

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

Investment Real Estate Information			
PROPERTY #2			
Property Address			
Held By	<input type="checkbox"/> Student	<input type="checkbox"/> Spouse	<input type="checkbox"/> Jointly
Original Purchase Price (USD)	Current Market Value (USD)	Current Mortgage Loan Balance (USD)	

PART C3: BUSINESS INFORMATION

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

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"/> Spouse	<input type="checkbox"/> Jointly	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	

Name (Last, First, MI): _____

SUA Student ID#: _____

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:

<http://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 Attn: 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>
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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.

(This form requires handwritten signatures. Photocopies of handwritten signatures are permitted. Electronic, or typed, signatures will not be accepted.)

Student Name (print)

Student Signature (hand-written signature only, see note above)

Date

Spouse Name (if married) (print)

Spouse Signature (optional) (hand-written signature only, see note above)

Date