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 noncitizen", 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-international-graduates

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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, 2025
Continuing Students: March 2, 2025

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 "2023 tax period". The United States 2023 tax period is January 1, 2023 to December 31, 2023. If you or your parents filed taxes in a country that uses a "fiscal" tax period (such as July 1, 2022 to June 30, 2023), use/submit income and tax documents for both the 2022-2023 and 2023-2024 fiscal years; to include all 2023 income
 - Bank, Brokerage, and Investment Account Statements. Do not include "retirement" accounts.
 - o 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 <u>response</u> is requested, or enter a "**0**" if an <u>amount</u> 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.

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Name (Last, First, MI):		SUA Student II	J#:
SECTION A: DEMOGRAPHIC INFORMA	ATION		
Complete all application sections and fields leaving no question or a <u>response</u> is requested, or " 0 " if an <u>amount</u> is requested. Forms su	ubmitted with blanks will be o		
PART A1: STUDENT (& SPOUSE) INFORMATI	ION		
Name (Last, First, MI):		_ SUA Student ID#: _	
Phone Number:	Date of Birth	ı:	
State of Residence:	Email Addres	ss:	
Citizenship Status: U.S. Citizen		☐ Eligible Non-Cit	cizen
☐ NOT a Citizen or Elig	ible Non-Citizen	☐ International	
 If you are a U.S. citizen or permanent residents If you are not a U.S. citizen or permanent residents If you are not a California State Dream Application If you are an international (non-U.S.) student Application 	esident, and meet CA polication	AB540 requirements, S	STOP HERE. You
Marital Status: ☐ Single ☐ *Married	**Separated	**Divorced	☐ Widowed
* Name of Spouse (if Married):			
** Date of Separation (if Separated or Divorced):		
Dislocated Workers/Displaced Homema	akers		
As of today, are either you or your spouse a "dis	slocated worker" or	"displaced homemake	r?"
□ Yes □ No			
(A person is considered "dislocated" if he/she meets of laid off, (c) is receiving unemployment benefits due to economic conditions or natural disasters.) (Verification	o layoff, (d) was self-em	ployed, but is now unem	- · · · · · · · · · · · · · · · · · · ·

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Name (Last, First, MI):		SUA Student ID#:			
PART A2: FAMILY HOUSEH	OI D INEORM	ATION			
List the people living in yo					
 Yourself, and your sp. Your dependent child more than half of the when applying for st. Other members; only (c) you will continue to College information for 2025-2026 academic 	Iren, even if the ir support OR , udent aid. Do n if: (a) they live to provide supp or any househo	ey do not live with family members the not include foster of with you, AND (b) port from July 1, 20	nat would be required children. I you provide more th 125 through June 30,	d to provide y nan half of the 2026.	our information
Full Name of Household	Relation to	_	embers who will enroll at least a college in 2025-2026*		
Member	Student		Name of College	Type of Degree (BA, MA, etc.)	Year in College for 2025-2026 (1, 2, 3, or 4)
	Yourself	N/A	Soka University		
		☐ Yes ☐ No			
		☐ Yes ☐ No			
		☐ Yes ☐ No			
		☐ Yes ☐ No			
		☐ Yes ☐ No			
		☐ Yes ☐ No			
* Verification of college enrollment may foster children, or (c) family members at graduate/professional schools.	tending a foreign col	llege, a military school, a	non-financial aid recipient co	llege, or enrolled i	n
If any member of your hou please explain how and w	•	•	•		her/sister,

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Name (Last, First, MI): ___

2025-2026 Soka Dream Graduate Student Financial Aid Application (APPL)

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 <u>response</u> is requested, or " 0 " if an <u>amount</u> 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 a	ny coun	try.)			
2023 Tax Return Non-Filer Information	STU	DENT	SPOUSE		
	-	•	eck only <u>one</u> box for tion 2, but not both!		
1) Check the box for any person that did not earn ANY income in 2023.					
2) Check the box for any person that <u>did</u> earn income in 2023, and <u>was</u> not required to file a 2023 tax return.	[
If they worked in 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 outside 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.					
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.					
2023 Non-U.S. Tax Return Filer Informa	ition				
		STUDENT	SPOUSE		
Check the box for any person that filed a <u>non-U.S. tax return</u> for the 2 tax year. If your home country is on a fiscal year, and not on a calendar t					

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1. Attach all original tax documents. **Include a signed, translated, notarized copy of each tax document**.

2. Tax document submissions must have all monetary figures converted to U.S. dollars. Currency

year, use both the 2022-2023 and 2023-2024 tax years.

FOR ALL PERSONS WITH BOXES CHECKED IN THE QUESTION ABOVE:

conversion information (symbol, rate, & date) must be clearly stated.

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

2023 Total Income & Total Tax Assessed Information					
List the following totals for any person who earned any income in 2023 (*see NOTE below) U.S. Dollars					
STUDENT	Total Income				
STODENT	Total Tax Assessed				
SPOUSE	Total Income				
3FUU3E	Total Tax Assessed				

^{*} NOTE: 'Income' and 'Tax Assessed' figures should include the entire 12-month "2023 tax period". The United States 2023 tax period is January 1, 2023 to December 31, 2023. If you (or your spouse) filed taxes in a country that uses a "fiscal" tax period (such as July 1, 2022 to June 30, 2023), use/submit income and tax documents for both the 2022-2023 and 2023-2024 fiscal years; to include all 2023 income.

PART B4: UNTAXED INCOME INFORMATION

	STUDENT	SPOUSE
2023 Untaxed Additional Income Information	Totals from 1/1/23 to 12/31/23 (U.S. dollars)	
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.)		
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.		

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Name (Last, First, MI):			SUA Student ID#: _		
PART B5: ADDITIONAL FINA	NCIAL INFORMATION				
2023 Additional Financial Information					
List the 'Total Child Support' paid out in 2023 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	

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Name (Last, First, MI):	SUA Student ID	#:
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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, Noneducation IRAs, etc.)

Bank (Check	Bank (Checking & Savings) and Brokerage (Investment) Account Balance Information				
		ery account held at any U.S. (domestic) or interna			
Owner Check box if person has no accounts Person has no accounts Person has no accounts Check box if person has no accounts Check box if person has no (Bank, Brokerage, etc.) Balance					
STUDENT					
SPOUSE					

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(100% value, not % of ownership)

2025-2026 Soka Dream **Graduate Student Financial Aid Application** (APPL)

Name (Last, First, MI):					SU	A Student ID#:	
PART C2: INVESTMENT I	REAL E	STATE					
IMPORTANT!: DO NOT inc	clude tl	he primar	y residence	that you or you	ır spouse	live in on a daily basis.	
Provide details for all inve	stment	<u>t</u> real esta	te held by y	ou or your spo	use. Atta	ich additional sheets if ne	eded.
"Investment Real Estate" inc condominiums, duplexes, lan			•	our primary resid	ence, rent	al properties, mobile home	s,
		Inves	tment Real	Estate Inform	nation		
			PROF	PERTY #1			
Property Address							
Held By		Stude	ent	☐ Spou	ise	☐ Jointly	
Original Purchase Price	(USD)	Curr	ent Market	Value (USD)	Curre	nt Mortgage Loan Baland	e (USD)
		Inves	tment Real	Estate Inform	nation		
			PROP	PERTY #2			
Property Address							
Held By		☐ Stude	ent	☐ Spou	se	☐ Jointly	
Original Purchase Price	(USD)	Curr	ent Market	Value (USD)	Curre	nt Mortgage Loan Baland	e (USD)
							-
PART C3: BUSINESS INFO	ORMA [.]	TION					
Provide information for any businesses or investment farms owned by you or your spouse. Documents may be sent to you requesting further information. Attach additional sheets if needed.							
Business or Investment Farm Information							
BUSINESS #1							
Business Address							
Business Name & Nature	e						
Held By		Student	☐ Spouse	e 🔲 Jointly	Percent	of Ownership Interest	
Business Market Value (I	USD)	Bu	siness Debt	: (USD)	Ni	mhar of Full-time Employ	V005

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(100% debt amount, not % of ownership)



Spouse Name (if married) (print)

2025-2026 Soka Dream Graduate Student Financial Aid Application (APPL)

	(APPL
Name (Last, First, MI):	SUA Student ID#:
SECTION D: SUBMISSION INFORMATION	
1) If you are a current Soka student, or an admit "To Do List" items for incomplete items or missin http://learn.soka.edu	
 Locate the "To Do List" section on the right of the section of the	rour To Do List items. " <i>Initiated</i> " or " <i>Notified</i> ".
2) Return this completed form to the Soka Universel Please mail this form, or deliver this form in-person, along with	•
If you choose to submit information via email, SUA will not be r may still request that you submit original documents.	esponsible for any data security breach, and we
Applications can be mailed or delivered in-person to:	Website: www.soka.edu/financialaid
Soka University of America Attn: Office of Financial Aid	Email: financialaid@soka.edu
Founders Hall, Room 216	Phone: (949) 480-4342
1 University Drive	
Aliso Viejo, CA 92656 USA	
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 conformation may be an estimate and will be confirmed and/or updated by the submission understand that any false statements or misrepresentation may be cause for denial, remay be subject to a fine.	on of verification documents (i.e., tax returns, bank statements, etc.)
(This form requires handwritten signatures. Photocopies of handwritten signatures a	re permitted. Electronic, or typed, signatures will not be accepted.
Student Name (print) Student Signature (hand-wr	itten signature only, see note above) Date

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

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