



## Student Financial Aid

 2018-2019 ADDITIONAL FINANCIAL  
 INFORMATION – DEPENDENT  
 STUDENT

Student Name: _____	Student ID or SSN: _____
Parent Name: _____	

**Parent(s) and Student (Dependent aid applicant):**

Complete **both** sides of this form reporting sources of additional financial information for calendar year 2016 for the student and the student's parent(s) whose information is on the 2018-2019 Free Application for Federal Student Aid (FAFSA).

- **If any item does not apply**, enter "N/A" for Not Applicable where a response is requested; or enter \$0 where an amount is requested.
- **To avoid delays**, the form must be completed in its entirety. Otherwise the form will be returned to you and/or additional documentation may be required.
- **To determine the correct annual amount for each item**: If you paid or received the same dollar amount every month in 2016, multiply that amount by the number of months in 2016 you paid or received it. If you did not pay or receive the same amount each month in 2016, add together the amounts you paid or received each month during 2016.
- **If more space is needed**, attach a separate page with the student's name and ID number at the top.

**A. Educational credits**

List the total amount of education credits (American Opportunity Tax Credit or Lifetime Learning Tax Credit) you and/or your parents received in 2016. Use line 50 from IRS tax form 1040, or line 33 from IRS tax form 1040A.

Name of Person Receiving Educational Credits	Total Educational Credits Claimed in 2016

**B. Child support paid**

List the actual amount of any child support your parent(s) paid in 2016 because of divorce or separation or as a result of a legal requirement. Do not include child support paid for children in your parent's(s') household. **Do not include** amount that was court-ordered but not actually paid.

Name of Adult Who Made the Payment	Name of Child For Whom Payment was Made	Amount of Child Support Paid in 2016

**C. Need-based employment earnings**

List taxable earnings received in 2016 from need-based employment programs (such as Federal Work-Study, or other need-based employment such as fellowships and assistantships). Federal Work-Study is income earned from work, and should appear on the earner's W-2 form and should be reported as wages.

Name of Recipient	Type of Earnings Received	Amount Received in 2016

**D. Grants and scholarships**

List the amount of any taxable college grant and scholarship aid that you or your parents reported as income to the IRS for 2016. Types of college grants and scholarships that may have been reported include grants, scholarships, waivers and remissions, fellowships and assistantships, AmeriCorps education awards, AmeriCorps living allowances, and AmeriCorps interest accrual payments (for student loan interest that accrued during your AmeriCorps term of service). Do not include AmeriCorps insurance or child care payments.

Name of Recipient	Type of Grants/Scholarships	Amount of Benefit Reported as Income in 2016

**E. Taxable combat pay**

List the total amount of taxable combat pay or special combat pay that you or your parents received in 2016. Only enter the amount that was taxable and included in the adjusted gross income (AGI). Do not include untaxed combat pay reported on the W-2 in Box 12, Code Q.

Name of Recipient	Type of Combat Pay	Amount of Other Untaxed Income Received in 2016

**F. Cooperative education earnings**

List the total amount of income you or your parents earned from work under a cooperative education program offered by a college or university in 2016.

Name of Recipient	Cooperative Education Program	Amount of Income Received in 2016

Please provide any additional information about any other resources. Attach a separate sheet if needed.

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**WARNING:** If you purposely give false or misleading information, you may be fined, sent to prison, or both.

**Signature/Certification:**

**We certify that all information reported for the student to qualify for federal student aid is complete and correct.**

\_\_\_\_\_  
**Parent Signature** (handwritten, not typed)      **Date**

\_\_\_\_\_  
**Student Signature** (handwritten, not typed)      **Date**

**Submit form to:** UW Colleges Student Financial Aid Office  
 780 Regent St, Suite 130  
 Madison, WI 53715-2635  
 or Fax (608) 265-9750