## 2021-22 Family Information Supplement

Student			ID#		
Please provide your parents' informathe parent whom you lived with most well.					
	er □guardian □ o		mother   stepmot	her 🗆 guardian	□other
b. Occupation/Employer		Occupation	/Employer		
c. Title/Position		Title/Positi	on		
2. List of family members: Include the total number of people Include yourself, your custodial p				e 30, 2021.	
Full Name of Far	nily Member	Age	Relationship to S	Student	
(student applicant)					
		1			
3. Is either parent self-employed or o		nterest in a partne	rship, corporation, busine	ess or farm?	
Yes No % Ownership _ Parent who owns		Co	ompany Name		
4. Parents' Income and Benefits:			2019 Estimated		2020
a. Father/Stepfather income				Estimated 2	
<ul><li>b. Mother/Stepmother income</li><li>c. Other Taxable income (interest.</li></ul>	dividende)				
d. Untaxed Income	, dividends)				
e. Social Security Benefits (include	ling SSI benefits)				
c. Social Security Deficitis (include					
•					
5. Parents' Expenses: a. Medical/dental expenses not pa	id by insurance				
5. Parents' Expenses:  a. Medical/dental expenses not pa b. Child support paid	id by insurance				
<ul><li>5. Parents' Expenses:</li><li>a. Medical/dental expenses not pa</li><li>b. Child support paid</li><li>6. Parents' Assets and Liabilities:</li></ul>	·				
<ul><li>5. Parents' Expenses:</li><li>a. Medical/dental expenses not pa</li><li>b. Child support paid</li></ul>	counts	erred annuities)			
<ul> <li>5. Parents' Expenses:</li> <li>a. Medical/dental expenses not pa</li> <li>b. Child support paid</li> <li>6. Parents' Assets and Liabilities:</li> <li>a. Cash, Savings, &amp; Checking Ace</li> </ul>	counts A's or other tax defe	□ Do you rent yo			
<ul> <li>5. Parents' Expenses:</li> <li>a. Medical/dental expenses not pa</li> <li>b. Child support paid</li> <li>6. Parents' Assets and Liabilities:</li> <li>a. Cash, Savings, &amp; Checking Act</li> <li>b. Investments (do not include IR.</li> </ul>	counts A's or other tax defe ou own your home?	□ Do you rent yo  If	zero, please explain on a	separate sheet of pap	per.
<ul> <li>5. Parents' Expenses:</li> <li>a. Medical/dental expenses not parb. Child support paid</li> <li>6. Parents' Assets and Liabilities:</li> <li>a. Cash, Savings, &amp; Checking Actb. Investments (do not include IR. c. Housing payment type:   Do you</li> <li>d. Home</li> </ul>	counts A's or other tax defe ou own your home?	□ Do you rent yo  If		separate sheet of pap	per.
<ul> <li>5. Parents' Expenses: <ul> <li>a. Medical/dental expenses not part</li> <li>b. Child support paid</li> </ul> </li> <li>6. Parents' Assets and Liabilities: <ul> <li>a. Cash, Savings, &amp; Checking Act</li> <li>b. Investments (do not include IR.</li> <li>c. Housing payment type: □ Do you</li> </ul> </li> <li>d. Home <ul> <li>e. Other Real Estate</li> </ul> </li> </ul>	counts A's or other tax defe ou own your home?	□ Do you rent yo  If	zero, please explain on a Current Market Val.	separate sheet of pap	per.
<ul> <li>5. Parents' Expenses: <ul> <li>a. Medical/dental expenses not pa</li> <li>b. Child support paid</li> </ul> </li> <li>6. Parents' Assets and Liabilities: <ul> <li>a. Cash, Savings, &amp; Checking Acc</li> <li>b. Investments (do not include IR.</li> <li>c. Housing payment type: □ Do you</li> </ul> </li> <li>d. Home</li> </ul>	counts A's or other tax defe ou own your home?	□ Do you rent yo  If	zero, please explain on a Current Market Val.	separate sheet of pap	per.

Date

Signature of Parent or Guardian