We need you to provide additional financial information for 2017. This information must be supplied before we can continue to process your financial aid package. Complete this form and mail it back to the Financial Aid Office. Please do not leave any spaces blank. If the answer is none, indicate so by writing none or $0.

<table>
<thead>
<tr>
<th>Description</th>
<th>Student/Spouse</th>
<th>Parent(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Education credits (American Opportunity and Lifetime Learning tax credits) from IRS Form 1040—line 50 or 1040A—line 33.</td>
<td>+</td>
<td>+</td>
</tr>
<tr>
<td>Child support paid because of divorce or separation or as a result of a legal requirement. Don't include support for children in your (or your parents') household, as reported in question 95 (or question 73 for your parents).</td>
<td>+</td>
<td>+</td>
</tr>
<tr>
<td>Taxable earnings from need-based employment programs, such as Federal Work-Study and need-based employment portions of fellowships and assistantships.</td>
<td>+</td>
<td>+</td>
</tr>
<tr>
<td>Taxable student grant and scholarship aid <strong>reported to the IRS as income.</strong> Includes AmeriCorps benefits (awards, living allowances and interest accrual payments), as well as grant and scholarship portions of fellowships and assistantships.</td>
<td>+</td>
<td>+</td>
</tr>
<tr>
<td>Combat pay or special combat pay. Only enter the amount that was taxable and included in the adjusted gross income. <strong>Don't include</strong> untaxed combat pay.</td>
<td>+</td>
<td>+</td>
</tr>
<tr>
<td>Earnings from work under a cooperative education program offered by a college.</td>
<td>+</td>
<td>+</td>
</tr>
</tbody>
</table>

**TOTAL** $               $

I/we certify that the information provided above is complete and correct.

Student’s signature: ___________________________ Date: ___________________________

Spouse’s signature: ___________________________ Date: ___________________________

Parent signature: ___________________________ Date: ___________________________