

## **Student Supplemental Application**

Last Name:				First Name:	First Name:	
Social Security #:				Date of Birth:	Date of Birth:	
Permanent Address:						
Permanent Phone #:			Ph	one #:	Email:	
I am a:		Male		Female		
I am interested in:		Work-Study		Private Loan		
The official exchange rate at t In USD, please indicate the ex				O Yen, Won, Peso, Etc.) cational expenses you will receive from	:	
→ Family: \$						
→ Friends: \$						
→ Government: \$				Explain how:		
→ Private Sponsor: \$	Explain how:					
→ Income: \$						
→ Savings/Investments: \$						
→ Student Loans: \$	Lender's name:					
Please provide two references	s:					
Name:		Phone	#:	Relat	ionship:	
Name:	Phone #:			Relat	ionship:	
Explain Special Circumstance	s (e.ç	j. why you need a v	work-	study position, why you need a loan, et	c.):	
the information by obtaining of may jeopardize my student vis	locur	mentation as need atus which may res	ed. I f sult in	and complete. The college has permissi urther understand that providing false the loss of my acceptance to the colle	information ge.	
Name:	Signature:			иге:	Date:	



## 2024 – 2025 Budget Report

Additional information is needed to assist us in calculating your financial status. Please complete this form in its entirety and submit it to the Financial Aid Office. This form must be returned ASAP in order for your file to be processed further.

↓ Description of Expense	↓ Description of Expense for 2022
Residence payment (rent or mortgage):	\$
Property Taxes & Insurance on Residence:	\$
Utilities & Telephone:	\$
Food:	\$
Clothing:	\$
Laundry & Cleaning:	\$
Un-reimbursed Medical & Dental Expenses:	\$
Child Care:	\$
Car Payments:	\$
Gasoline or other transportation:	\$
Car Insurance:	\$
Child Support/Alimony (paid by you or another family member):	\$
Other Personal Expenses (Specify):	\$
Total Monthly Expenses:	\$
Please list all the monthly resources that are used to meet the wages, AFDC, child support, unemployment benefits, social sec	
<b>↓</b> Resources	↓ Monthly Amount Received for 2022
1.	\$
2.	\$
3.	\$
4.	\$
I certify that the above information is true and correct to the be	est of my knowledge.
Name: Signature:	Date: