

2023-2024 Additional Financial Information

A. Student Information				
Last Name	First Name	MI	Student ID#	_

Please list the amount received in **2021** for each of the items in the chart below. Please use **yearly totals**, not monthly amounts. **Do not leave anything blank.** If no income was received from the source listed, write "0". Thank you for your cooperation and prompt response.

- Your federal financial aid will not be determined until the verification process is complete.
- We suggest that you submit all information by one of the methods listed below <u>WITHIN 2 WEEKS</u>.
- DO NOT make any changes to the FAFSA while in the Verification process.
- If any of the sections of this worksheet are left blank or any signatures are missing, this worksheet will be returned for completion, thereby delaying the processing of your financial aid.

2021 ADDITIONAL FINANCIAL INFORMATION		Student Enter an amount <u>or</u> \$0		Student's Spouse or Student's Parent(s) Enter an amount or \$0	
Education Credits (American Opportunity Tax Credit and Lifetime Learning Tax Credit) 2021 IRS Form 1040 Schedule 3 – line 3.	\$	/year	\$	/year	
Child Support Paid for Children Not Included In Your Household Child support paid from Jan. 1- Dec. 31, 20201 because of divorce or separation or as a result of a legal requirement. Don't include support for children in the household. Name(s) of the child/children for whom the child support was paid:	\$	/year	\$	/year	
Taxable Earnings From Need-Based Employment Programs Federal Work-Study and need-based employment portions of fellowships & assistantships in 2021.	\$	/year	\$	/year	
Taxable College Grants and Scholarship Aid reported to the IRS as income. Includes AmeriCorps benefits (awards, living allowances and interest accrual payments), as well as grant and scholarship portions of fellowships & assistantships.	\$	/year	\$	/year	
Combat Pay or Special Combat Pay Only enter the amount that was taxable and included in adjusted gross income. Don't include untaxed combat pay.	\$	/year	\$	/year	
Earnings From Work Under a Cooperative Education Program (Co-op offered by a college)	\$	/year	\$	/year	

B. Sign and Date This Worksheet

If the student is a dependent, at	least one parent must sign. INK S	SIGNATURE REQUIRED – Typed or electron	ic signatures will not be accepted.
By signing below, I (we) certify tl	nat all the information reported o	n this worksheet is complete and correct. I	(we) understand that purposely giving
false or misleading information i	nay result in fines, penalties, and	or reduction or immediate repayment of a	ıid.
Student Signature	Date	Parent Signature	Date

Forms can be submitted in ONE of the following ways:

Submit online via our secure FILEDROP by visiting: MinotStateU.edu/finaid/verification.shtml Mail to: Minot State University, Financial Aid Office, 500 University Ave W, Minot, ND 58707 Drop Off on Campus: Minot State Financial Aid Office, 2nd floor, Administration Building

Secure Fax: 701-858-4310 • For additional questions: Phone: 800-777-0750 or 701-858-3375 • Email: financialaid@MinotStateU.edu