

STUDENT NAME: _____

Please complete in blue or black ink if possible. Typed signatures will not be accepted.

Student Financial Services

P 206-281-2061 or 800-737-8826 (toll free)

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SPU ID:

SPU.EDU/SFS

2021 - 2022 STUDENT ADDITIONAL FINANCIAL INFORMATION FORM

This form is to verify the figures entered on line 43, Student's <u>2019</u> Additional Financial Information, on your 2021 – 2022 Free Application for Federal Student Aid (FAFSA). Please list the amounts earned or paid in each category. <u>Do not leave any blank spaces.</u> If an answer is zero or does not apply,

| enter "0". | | | | |
|--|--|---|---|----------|
| Note: FAFSA applicants must submit ta | x information from <u>tv</u> | vo years prior—in this | case, <u>2019</u> . | Amount |
| Education credits (American Offrom IRS Form 1040, Schedule | • | or Lifetime Learni | ng tax credits) | |
| Child support paid because of requirement. Do not include s | | | | |
| Taxable earnings from need ba Work-Study and need-based eassistantships. | | | | |
| Student grant and scholarship wages section on your tax retu | | he IRS labeled as | 'SCH' in the | |
| If not on tax return, DO NOT R | EPORT: | | | |
| any scholarships/grantsany scholarship/grant a | • • | • | | |
| NOTE: Scholarships and grants costs (typically only tuition, fees (awards, living allowances, and scholarship portions of fellowsh for more detail about tax obligations | s, books/supplies I interest accrual iips and assistan | s) include AmeriCo payments), as we tships. See IRS F | orps benefits Ill as grant or Publication 970 | |
| Combat pay or special combat included in your adjusted gros reported on the W-2. | | | | |
| Earnings from work under a co | operative educat | ion program offere | ed by a college. | |
| By signing this verification sta and complete to the best of my supporting the information pro WARNING: If you purposely give false or | y knowledge. If ovided on this fo | asked, I agree to orm. | submit docum | entation |
| | | | | |
| Student Signature | Date | Phone | Email | |