



Report of Additional Financial Information in 2024 – Parent

Student Information:

Last Name	First Name	Middle Initial	Student/Banner ID Number

Instructions: If the any of the following applied in 2024 to a dependent student’s parent(s), please indicate the amounts and other details in the appropriate table below.

If any item does not apply, enter “N/A” or \$0. If more space is needed, include a separate page with the student’s name and Student ID # at the top.

***Submit this form and any other required documentation (e.g., 2024 Tax Return Transcript)
to the financial aid administrator at your campus.***

A. Parents’ Taxable Earnings from Need-Based Employment Programs – If applicable, provide documentation

Include Federal Work-Study earnings and need-based employment portions of fellowships and assistantships.

Name of Parent In Need-Based Work Program	Type of Program (e.g., Work-Study)	Source of Employment (e.g., name of school)	Annual Amount Earned in 2024

B. Taxable Combat Pay/ Special Combat Pay Received in 2024 - If applicable, provide documentation

Include only amounts that were reported and included in your parent(s)’ 2024 Adjusted Gross Income.

Do NOT include Untaxed Combat Pay.

Name of Parent Earning Combat Pay	Amount of Combat Pay Earned in 2024

C. Parents' Taxable College Grants and Scholarships Reported as Income in 2024 - If applicable, provide documentation.

*Include scholarships, grants, AmeriCorps benefits (awards, living allowance and interest accrual payments) as well as grant/scholarship portions of fellowships and assistantships for which parents reported as income to the IRS. **Do NOT include** grants and scholarships that your parents did not need to report. Funds that paid their qualifying educational expenses should not be included here.*

Name of Parent Recipient	Type of Benefit Received (e.g., scholarship)	Annual Amount Received in 2024

D. Parents' Earnings from Cooperative Education Programs Offered by a College - If applicable, provide documentation

Name of Parent Working in Co-op Program	Source of Employment (e.g., name of school)	Annual Amount Earned in 2024

Certification and Signatures

Each person signing this form certifies that all of the information reported on it is complete and correct. The student and one parent whose information is reported on the FAFSA must sign and date below.

<p>WARNING: If you purposely give false or misleading information on this form, you may be fined, be sentenced to jail, or both.</p>

Student's Signature

Date

Parent's Signature

Date