2012-2013

Parent Additional Financial Information

Office of Scholarships and Financial Aid
Lucina Hall 245
Ball State University
Muncie, IN 47306-0880

Telephone # **(765) 285-5600**
Toll free # **(800) 227-4017**
FAX **(765) 285-4247**
TDD# **(765) 285-2202**
WWW **www.bsu.edu/finaid**

We have received the data from your Free Application for Federal Student Aid (FAFSA). You must respond to all item(s) listed and supply the Office of Scholarships and Financial Aid with any requested documentation.

Enter all of the following that apply to your parents for the calendar year 2011. Do not leave any item blank. If there was no income for the source listed, indicate zero.

$_____ Child support your parent paid because of divorce or separation or as a result of a legal requirement. Don't include child support for children in your parents' household, as reported in question 72.
List the names of the children for whom child support was paid.

Name	Age
_____	___
_____	___
_____	___

$_____ Taxable earnings from need-based employment programs, such as Federal Work-Study and need-based employment portions of fellowships and assistantships.

$_____ Student grant and scholarship aid reported to the IRS in your parents' adjusted gross income. Include AmeriCorps benefits (awards, living allowances, and interest accrual payments), as well as grant or scholarship portions of fellowships and assistantships.

$_____ Combat pay or special combat pay. Only enter the amount that was taxable and included in the adjusted gross income. Do not enter untaxed combat pay reported on the W-2 (Box 12, Code Q).

$_____ Earnings from work under a cooperative education program offered by a college.

$_____ Education credits (American Opportunity, Hope of Lifetime Learning tax credits) from IRS 1040 - line 49 or Form 1040A - Line 31.

Please return this form and any other requested documentation to: BALL STATE UNIVERSITY, OFFICE OF SCHOLARSHIPS AND FINANCIAL AID, MUNCIE, IN 47306. FAX #: (765) 285-4247

CERTIFICATION STATEMENT: You and one of your parents must read and sign this statement. I/we certify that all of the information provided on this letter and on the attached documentation is accurate and complete. If I/we purposely give false or misleading information, I/we may be fined $20,000, sent to prison, or both.

Parent signature _____ Date _____

Student signature _____ Date _____

Ball State Student ID # _____