## **Student Additional Financial Information**

fice of Scholarsh cina Hall 245 Il State Universi Incie, IN 47306-0		Telephone # Toll free # FAX TDD# WWW	(765) 285-5600 (800) 227-4017 (765) 285-4247 (765) 285-2202 www.bsu.edu/finaid
You must respon	d the data from your Free Application f d to all item(s) listed and supply the Of ed documentation.		
	of the following that apply to you for th k. If there was no income for the sourc		
\$	Child support you paid because of d legal requirement. Don't include chil household on the FAFSA.  List the names of the children to	d support for children	reported in your
	Name 	Age	
\$	Taxable earnings from need-based er Work-Study and need-based employ assistantships.		
\$	Student grant and scholarship aid rep income. Includes AmeriCorps benefi interest accrual payments), as well as fellowships and assistantships.	ts (awards, living allow	wances, and
\$	Combat pay or special combat pay. Of included in the adjusted gross incomon the W-2 (Box 12, Code Q).		
\$	Earnings from work under a cooperati	ve education program	n offered by a college.
	Education credits (American Opportu Form 1040 – line 49 or 1040 A – line		e Learning tax credits) from IR
	form and any other requested documents		
information provid	STATEMENT: You must read and ded on this letter and on the attached lse or misleading information, I may be	documentation is acc	urate and complete. If I
Student signature		Date	
Ball State Studen			