



## Undocumented Student Financial Aid Application

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The purpose of this form is to gather income information from an undocumented student and his/her parents to determine financial need. Financial need results will determine the student's eligibility for Carroll College financial aid resources.

### **Instructions for completing the 2021-2022 Undocumented Student Financial Aid Application**

- Answer all questions that apply to you
- Convert all currency into U.S. dollars before entering them onto the form

**Section A – Student's Information:** This section pertains to the student who is applying for aid.

**Section B – Parents' Information:** On this application "parents" means the custodial parent(s)- the parent or parents (or legal guardian) the student lives with. If the student's biological or adoptive parents are divorced or separated, the custodial parent(s) are the parent or parents with whom the student has live with the most during the last 12 months prior to filling out the application. If the custodial parent has remarried, "parents" includes the student's parent and stepparent.

**Family Information:** write the number of people who live in your parents' household and are supported by their income.

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### **Section A – Student Information**

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1. Student Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_
  2. Student's home address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
  3. Student e-mail address: \_\_\_\_\_
  4. Student birthdate: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_
  5. Place of birth: \_\_\_\_\_
  6. Country of citizenship: \_\_\_\_\_
  7. 8. When do you expect to attend Carroll College? Month \_\_\_\_\_ Year \_\_\_\_\_
  9. Will you be:  attending college as a first time student?  
 transferring from another college/university?  
 a returning student?
  10. Your marital status: \_\_\_\_\_ Not married \_\_\_\_\_ Married/in a domestic partnership
  11. If married how many people are dependent on you? \_\_\_\_\_
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## Section B – Parents’ Information

12. What is your parents’ current marital status? (check only one box):

- Married or in a domestic partnership    
  Separated/divorced    
  Widowed  
 Remarried    
  Never married

13. Father’s name: \_\_\_\_\_

14. Father’s address: \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_

15. Father’s occupation/Title: \_\_\_\_\_

16. Father’s employer: \_\_\_\_\_

17. Number of years with employer: \_\_\_\_\_

18. Mother’s name: \_\_\_\_\_

19. Mother’s address: \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_

20. Mother’s occupation/Title: \_\_\_\_\_

21. Mother’s employer: \_\_\_\_\_

22. Number of years with employer: \_\_\_\_\_

23. How many people, including yourself, depend on the income of your parents for daily living expenses? \_\_\_\_\_

## Section C – Family Information

**Family Members:** List all family members included in your household.

Full Name	Age (as of 1/1/2020)	Relationship	College
Missy Jones (example)	18	Sister	Carroll College
		Self	

**If additional space is needed to list family members, attach a separate sheet to the application form.**

## Section D – Financial Information

What documentation will you be providing to verify income and asset information?

- Tax Forms       Statement from Employer  
 Other (specify-for example, bank statement) \_\_\_\_\_

During 2019, how much of your household income (before taxes or expenses) came from the following sources?

- |   |          |                                   |          |
|---|----------|-----------------------------------|----------|
| a. Father's work                              | \$ _____ | g. Family business                | \$ _____ |
| b. Mother's work                              | \$ _____ | h. Family real estate holdings    | \$ _____ |
| c. Your work                                  | \$ _____ | i. Pension/annuity/retirements    | \$ _____ |
| d. Your spouse's work                         | \$ _____ | j. Other members of the household | \$ _____ |
| e. Interest or dividends                      | \$ _____ | k. Other (explain)                | \$ _____ |
| f. Housing, food and<br>other living expenses | \$ _____ |                                   |          |

Will there be a significant increase or decrease in your family's income next year?  Yes  No

If yes explain: \_\_\_\_\_

## Section E- Asset Information

Please list the value of the following family assets (if applicable):

- |  |          |
|--|----------|
| a. Land and buildings<br>(other than you home or business) | \$ _____ |
| b. Cash/Savings/Checking                                   | \$ _____ |
| c. Investments (stocks, bonds etc...)                      | \$ _____ |
| d. Assets owned by student                                 | \$ _____ |
| e. Other (jewelry, artwork, antiques, etc...)              | \$ _____ |

## Section F – Expenses

How much did your family spend on the following expenses during 2019? **List specific amounts.**

- |                    |          |                                 |          |
|--------------------|----------|---------------------------------|----------|
| Rent or mortgage   | \$ _____ | Savings/retirement              | \$ _____ |
| Utilities          | \$ _____ | Automobile maintenance          | \$ _____ |
| Food               | \$ _____ | Insurance (health and property) | \$ _____ |
| Clothing           | \$ _____ | Entertainment                   | \$ _____ |
| Medical expenses   | \$ _____ | Household necessities           | \$ _____ |
| Education expenses | \$ _____ | Vacations                       | \$ _____ |
| Loan payments      | \$ _____ | Other                           | \$ _____ |
| Taxes              | \$ _____ |                                 |          |

Please explain other expenses \_\_\_\_\_

How much money does your family owe to other people or financial institutions? \$ \_\_\_\_\_

Reason for debt: \_\_\_\_\_ Amount paid on debt in 2019: \_\_\_\_\_

Does your family employ other people?  Yes  No

If yes, how many? \_\_\_\_\_

## Section G – Expected Support for Educational Expenses

Enter the expected amount of annual support toward your educational costs from sources listed below:

Sources	2021-2022	2022-2023	2023-2024	2024-2025
Student's earnings				
Student's assets				
Family's income				
Family's assets				
Relatives and friends				
Agencies and foundations				
Private sponsor (explain below)				
Other (explain below)				

List agencies/foundations/government/other to which you are applying for financial aid (if more than three, attach list to the application form).

Agency/Foundation/Government	Application Date	Award Notification Date	Expected award amount

## Section G- Explanation of Special Circumstances

Use this space to explain any unusual expenses, other debts, or special circumstances that the institution should consider when it is deciding how much financial aid you may be eligible to receive. (Please type or print) If more space is needed, attach the documentation to the application form.

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## Section H-Certification and Authorization

We declare the information on this form is true, correct and complete. The college has our permission to verify the information reported by obtaining additional documentation as needed. **WARNING:** Providing false information may result in Carroll College revoking the awarded financial aid and/or revoke the student's enrollment.

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Spouse's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(if applicable)

Father's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Mother's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Return completed form to:

Carroll College Financial Aid Office, 1601 N Benton Ave, Helena MT 59625-0002  
Ph. 1-800-992-3648 x 5425 Fax 406-447-5187 email: fao@carroll.edu