Undocumented Student Financial Aid Application

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 2027-2028 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.

Section A – Student Information

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?_____

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 1/1/2027)	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 2025, 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 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 (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 2025? **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 2025:_____

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	2027-2028	2028-2029	2029-2030	2030-2031
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.

_____
_____
_____
_____
_____

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