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 2020-2021 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 lived 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.

<table>
<thead>
<tr>
<th>Full Name</th>
<th>Age (as of 1/1/2019)</th>
<th>Relationship</th>
<th>College</th>
</tr>
</thead>
<tbody>
<tr>
<td>Missy Jones (example)</td>
<td>18</td>
<td>Sister</td>
<td>Carroll College</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Self</td>
<td></td>
</tr>
</tbody>
</table>

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 2017, how much of your household income (before taxes or expenses) came from the following sources?

a. Father’s work $________________

b. Mother’s work $________________

c. Your work $________________

d. Your spouse’s work $________________

e. Interest or dividends $________________

f. Housing, food and other living expenses $________________

g. Family business $_________

h. Family real estate holdings $_________

i. Pension/annuity/retirements $_________

j. Other members of the household $_________

k. Other (explain) $_________

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 $________________

(bother 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 2018? 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 2018: __________________________

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:

<table>
<thead>
<tr>
<th>Sources</th>
<th>2020-2021</th>
<th>2021-2022</th>
<th>2022-2023</th>
<th>2023-2024</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student’s earnings</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Student’s assets</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Family’s income</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Family’s assets</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Relatives and friends</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Agencies and foundations</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Private sponsor (explain below)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other (explain below)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Agency/Foundation/Government</th>
<th>Application Date</th>
<th>Award Notification Date</th>
<th>Expected award amount</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
<td></td>
</tr>
</tbody>
</table>

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