Additional Financial Information

Student Name: _______________________________________
ID Number X_____________________________________

Contact Number: ___________________________ Alternate/Cell Number:_____________________

Please return this form to our Processing Center: St. John’s University
P. O. Box 548
Randolph, MA 02368-0548

Please do not submit originals of any supporting documentation. Originals cannot be returned.

You and/or your parent(s) stated that you had exclusions on the FAFSA form under Additional Financial Information. By law you must meet one of the following categories listed below. Please check all that apply to you and/or your parent(s), and provide documentation to support your claim.

1. □ Education credits (American Opportunity and Lifetime Learning Tax Credits) from 2015 IRS Form 1040 line 50 or 1040A line 33
   Student/Spouse $___________ Parent(s) $___________

2. □ Taxable earnings from need-based employment programs
   (such as Federal Work-Study and need based employment portions of fellowships and assistantships)
   Student/Spouse $___________ Parent(s) $___________

3. □ Taxable student grant and scholarship aid reported to the IRS in your (or your parents’) adjusted gross income. Includes AmeriCorps benefits (awards, living allowances, and interest accrual payments), as well as Grant and scholarship portions of fellowships and assistantships. **This does not include scholarships/grant aid received from the university.
   Student/Spouse $___________ Parent(s) $___________

4. □ Combat pay or special combat pay. Only enter the amount that was taxable and included in your AGI. Don’t include untaxed combat pay.
   Student/Spouse $___________ Parent(s) $___________

5. □ Co-op Earnings (Earnings from work under a cooperative education program offered by a college)
   Student/Spouse $___________ Parent(s) $___________

6. □ A mistake was made on the FAFSA and there are no income exclusions for the academic year
   Student/Spouse $___________ Parent(s) $___________

CERTIFICATION: I (we) hereby attest that all the information on this form is accurate to the best of my (our) knowledge. I (we) understand that providing false or misleading information can jeopardize financial aid eligibility and subject me (us) to federal penalties.

Student’s Signature ___________________________ Date _______ Student’s Spouse Signature ___________________________ Date _______

Parent’s Signature ___________________________ Date _______