

FINANCIAL DATA FORM 2024-2025 college school year- GRAD. HS 2024

*****Please try your best to complete this form as accurately and completely as possible. If you can not complete all the information, that is OK. Please do the best as you can. The more complete and accurate the information, the better advice I can give you. **You may have an extra copy of your taxes and brokerage statements to supplement some of the form. This form may seem long but much of it may not apply. Once you have completed the form, select "print" and print a copy for your records. Save and then send me the form via e-mail attachment.**

Make sure you print a copy for your records.

GENERAL INFO

Father Last Name	<input type="text"/>	Father First Name	<input type="text"/>	<input type="text"/>
Mother Last Name	<input type="text"/>	Mother First Name	<input type="text"/>	<input type="text"/>
Street Address	<input type="text"/>			
City	<input type="text"/>	State	<input type="text"/>	ZIP

DIVORCED/SEPARATED/REMARRIED PARENT'S INFO

(Custodial parent is who student lives with more than 50% of time! Tax dependency does not matter)

Student's biological parents are:	<input type="text"/>	NONUSTODIAL PARENT INFO	<input type="text"/>
Marriage Date MM/DD/YYYY	<input type="text"/>	First Name	<input type="text"/>
Latest of Divorced/Separated. Date MM/DD/YYYY	<input type="text"/>	Last Name	<input type="text"/>
Custodial Parent's Remarried Date MM/DD/YYYY	<input type="text"/>	Street Address	<input type="text"/>
Custodial Parent Alimony	<input type="text"/>	BDAY	<input type="text"/>
Child Support	<input type="text"/>	City	<input type="text"/>
Monthly Amount	<input type="text"/>	State	<input type="text"/>
Monthly Amount	<input type="text"/>	ZIP	<input type="text"/>
Best Phone	<input type="text"/>	Remarriage date	<input type="text"/>

Custodial Parents Info (If divorced but not remarried use biological parent's info)

Mother's BDay mm/dd/yy	<input type="text"/>	Father's BDay mm/dd/yy	<input type="text"/>
Highest grade level completed by your:	Father	<input type="text"/>	Mother
Father's E-Mail	<input type="text"/>	Father's Best Phone	<input type="text"/>
Mother's E-Mail	<input type="text"/>	Mother's Best Phone	<input type="text"/>

CUSTODIAL PARENTS' EMPLOYMENT INFORMATION

Father's Employer	<input type="text"/>	No. of Years at employer	<input type="text"/>
Occupation	<input type="text"/>		
Mother's Employer	<input type="text"/>	No. of Years at employer	<input type="text"/>
Occupation	<input type="text"/>		

Life Insurance

Policy Owner	Type	Death Benefit	Premium	Premium Freq.	If There is Cash value How Much?
<input type="text"/>	<input type="text" value="P"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text" value="P"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text" value="P"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text" value="P"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

REAL ESTATE

Primary Home

2nd Home

3rd Home

Year Bought

Purchase Price

Fair Market Value

First Mortg. Balance

Mo. Payment

(Princ. & Int. only)

Interest Rate

Type of Loan

Second Mortg Amount

Second Mortg. Pmt

Interest Rate

Type of Loan

***IF EITHER PARENT OWNS A BUSINESS PLEASE FILL OUT BELOW

Name of Bus. <input type="text"/>	Principle Prod/Service <input type="text"/>
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Date bus was started <input type="text"/>	Mkt Value <input type="text"/>	Debt <input type="text"/>
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# employees (not owners) <input type="text"/>	Which parent owns <input type="text"/>	% of ownership <input type="text"/>
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ARE THERE OTHER FAMILY MEMBERS WHO OWN PART OF CO? IF YES PLEASE LIST NAMES, RELATIONSHIP TO PARENTS AND PERCENTAGE OF OWNERSHIP .

ARE THERE OTHER FAMILY MEMBERS WHO RECIEVE A SALARY OR WAGES FROM BUSINESS? IF YES PLEASE LIST NAMES, RELATIONSHIP TO PARENTS AND YEARLY SALARY OR WAGE.

The Following Info is needed to complete the required Financial Aid forms. The CollegeBoard User and Password are needed to complete the CSS Profile. The DL# is needed on the FAFSA and NJ State form. E-Mail Address is required for a FSA ID needed to complete FAFSA. I appreciate your cooperation. ***If student and/or parent has FSA username and password please list. You would have one to manage federal student loans and other federal aid. If not I will get one for you and forward it to you. If you are unsure go to FSAID.ED.GOV to find out.***

PRIMARY	STUDENT 1	STUDENT 2
College Board User <input type="text"/>	College Board User <input type="text"/>	College Board User <input type="text"/>
College Board Pword <input type="text"/>	College Board Pword <input type="text"/>	College Board Pword <input type="text"/>
Driver Lic.# <input type="text"/>	Driver Lic.# <input type="text"/>	Driver Lic.# <input type="text"/>
E-Mail <input type="text"/>	E-Mail <input type="text"/>	E-Mail <input type="text"/>
FSA USER <input type="text"/>	FSA USER <input type="text"/>	FSA USER <input type="text"/>
FSA Pword <input type="text"/>	FSA Pword <input type="text"/>	FSA Pword <input type="text"/>

Parents FSA user Parents FSA Pword

College Scholarship search	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>						
	GPA	SAT READ	SAT MATH	ACT						
	<input type="checkbox"/> AL	<input type="checkbox"/> AK	<input type="checkbox"/> AR	<input type="checkbox"/> AZ	<input type="checkbox"/> CA	<input type="checkbox"/> CT	<input type="checkbox"/> DE	<input type="checkbox"/> DC	<input type="checkbox"/> FL	<input type="checkbox"/> GA
	<input type="checkbox"/> HI	<input type="checkbox"/> ID	<input type="checkbox"/> IL	<input type="checkbox"/> IN	<input type="checkbox"/> IA	<input type="checkbox"/> KS	<input type="checkbox"/> KY	<input type="checkbox"/> LA	<input type="checkbox"/> ME	<input type="checkbox"/> MD
	<input type="checkbox"/> MA	<input type="checkbox"/> MI	<input type="checkbox"/> MN	<input type="checkbox"/> MS	<input type="checkbox"/> MO	<input type="checkbox"/> MT	<input type="checkbox"/> NE	<input type="checkbox"/> NV	<input type="checkbox"/> NH	<input type="checkbox"/> NJ
	<input type="checkbox"/> NM	<input type="checkbox"/> NY	<input type="checkbox"/> NC	<input type="checkbox"/> ND	<input type="checkbox"/> OH	<input type="checkbox"/> OK	<input type="checkbox"/> OR	<input type="checkbox"/> PA	<input type="checkbox"/> RI	<input type="checkbox"/> SC
<input type="checkbox"/> SD	<input type="checkbox"/> TN	<input type="checkbox"/> TX	<input type="checkbox"/> UT	<input type="checkbox"/> VT	<input type="checkbox"/> VA	<input type="checkbox"/> WA	<input type="checkbox"/> WV	<input type="checkbox"/> WI	<input type="checkbox"/> WY	

We have submitted this information for the sole purpose of College Aid planning. Each item can be substantiated by IRS records or other documents. This information is accurate and complete to the best of our knowledge.

Father's Signature (if applicable)

Current Date

Mother's Signature (if applicable)

Current Date

****** Please tell us where you heard about us******

Source Date

Refferal Name

Other