



Priority Deadline:
Return by **June 1, 2020** for
maximum aid consideration.

2020-2021
Additional Financial Information for Student (and Spouse)

Student ID Number: _____ Email: _____

Student's Full Legal Name: _____ , _____
(Please print clearly) Last First Middle

Students – The information you provide will be compared to the information on the Free Application for Federal Student Aid (FAFSA). If there are differences, our office will submit corrections to the FAFSA electronically. Please complete the worksheet below, using amounts you received during the calendar year **January 1, 2018 to December 31, 2018**.

Additional Financial Information	Student
Student's (and spouse's, if married) education tax credits (American Opportunity and Lifetime Learning tax credits) from 2018 IRS Form 1040 Schedule 3 - line 50.	\$ _____
Student's (and spouse's, if married) child support paid because of a divorce or separation or as a result of a legal requirement. Do not include support for children included in your household as reported on the FAFSA. Name of child(ren) for whom support was paid: _____ Name of person to whom child support was paid: _____	\$ _____
Student's (and spouse's, if married) taxable earnings from Federal Work-Study, other need-based work programs, and need-based employment portions of fellowships and assistantships in 2018.	\$ _____
Student's (and spouse's, if married) taxable college grants and scholarship aid reported to the IRS in your (student and spouse, if married) 2018 adjusted gross income. Includes AmeriCorps benefits (awards, living allowances, and interest accrual payments) as well as grant and scholarship portions of fellowships and assistantships.	\$ _____
Student's (and spouse's, if married) combat pay or special combat pay. Only enter the amount that was taxable and included in your (student and spouse, if married) 2018 adjusted gross income . Combat pay is reported on the W-2 in Box 12, Code Q. Do <u>not</u> include untaxed combat pay.	\$ _____
Student's (and spouse's, if married) earnings from work under a cooperative education program offered by a college in 2018.	\$ _____

If I purposely give false or misleading information on this worksheet, I may receive a fine, a prison sentence, or both. By signing this information request, I am certifying that all information is complete and correct.

Student Signature _____ **Date** _____
No Electronic Signatures

Parent Signature _____ **Date** _____
(if dependent) *No Electronic Signatures*

Spouse Signature _____ **Date** _____
(if married) *No Electronic Signatures*

For the security of your personal information, the Virginia Tech Office of University Scholarships and Financial Aid does not accept completed forms sent via email. Please return completed forms to us via the document uploader, <https://finaid.vt.edu/documentuploader.html>, or by fax, 540-231-9139.