



## OFFICE OF FINANCIAL AID

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### 2017 Additional Financial Information

In order to process your 2019-2020 Financial Aid Application, our office needs the following information to complete your file. **Please answer each question, do not leave responses blank, and mark \$0.00 where necessary.**

Student Name: \_\_\_\_\_ ID#: \_\_\_\_\_  
(Please Print)

<i>STUDENT</i>	<i>Answer each question as of the date you completed the 2019-2020 FAFSA</i>	<i>PARENT(S)</i>
\$	Child support paid because of divorce or separation or as a result of a legal requirement. <b>Don't include</b> support for children in your household.	\$
\$	Taxable earnings from need-based employment programs, such as Federal Work Study and need-based employment portions of fellowships and assistantships.	\$
\$	Taxable college grant and scholarship aid <b>reported to the IRS as income</b> . Includes AmeriCorps benefits (awards, living allowances and interest accrual payments), as well as grant and scholarship portions of fellowships and assistantships.	\$
\$	Combat pay or special combat pay. Only enter the amount that was taxable and included in your adjusted gross income. <b>Don't include</b> untaxed combat pay.	\$
\$	Earnings from work under a cooperative education program offered by the college.	\$

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(actual signature required)

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(actual signature required)