



Financial Aid Information for Parents

First Name _____

Last Name _____

Phone _____ email _____

SSN _____

Date of Birth _____

Marital Status _____ Date _____

Total Adjusted Gross Income \$ _____ Wages Parent 1: \$ _____ Wages Parent 2: \$ _____

Filing Status on 1040 Form **Please select one that applies:**
Single Married Jointly Head of household
Married filing separately Qualifying Widow(er)

If you did not report any income to the IRS please list any other source of income:

Other Income _____

Authorization:

I certify that the information provided by me on this form is true and correct to the best of my knowledge. I understand that in order to receive SWTJC-EOC services, I must provide proof of family income. I authorize the release of transcripts, other academic records, admissions and financial aid information to the SWTJC-EOC program for the purpose of developing education plans, fulfilling income verification and meeting the reporting requirements of the U.S. Department of Education.

Parent Signature _____ Sign here: _____

Student Name _____