



**Family Information**

1. Check:  Father  Stepfather  
 Name: \_\_\_\_\_  
 Occupation: \_\_\_\_\_  
 Employer: \_\_\_\_\_  
 Work Telephone: (\_\_\_\_) \_\_\_\_\_  
 Home E-mail Address: \_\_\_\_\_

Check:  Mother  Stepmother  
 Name: \_\_\_\_\_  
 Occupation: \_\_\_\_\_  
 Employer: \_\_\_\_\_  
 Work Telephone: (\_\_\_\_) \_\_\_\_\_  
 Home E-mail Address: \_\_\_\_\_

2. Are parents separated or divorced?  No (Proceed to next question.)  Yes (Complete this question.)

Name of non-custodial parent: \_\_\_\_\_

Address: \_\_\_\_\_

Expected contribution from non-custodial parent for student's education in 2020-2021: U.S. \$ \_\_\_\_\_

**Currency Conversion:**

Please convert all financial information to U.S. dollars in your response to the following questions. Indicate the currency exchange rate you have used in the conversion: \$1 Canadian = \_\_\_\_\_ U.S. \$

**Actual 2018 Income, Earnings and Benefits**

	Parent/Stepparent	Student (and Spouse)
1. Total number of tax dependents:	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
2. 2018 total income:	U.S. \$ _____	U.S. \$ _____
3. 2018 taxes paid:	U.S. \$ _____	U.S. \$ _____
4. 2018 income earned from work:	U.S. \$ _____ Father/Stepfather	U.S. \$ _____ Student
5. 2018 income earned from work:	U.S. \$ _____ Mother/Stepmother	U.S. \$ _____ Spouse
6. 2018 untaxed income and benefits:	U.S. \$ _____ Parents	U.S. \$ _____ Student/Spouse



**Outside Awards**

If you have applied for financial aid from an organization other than RIT (e.g., local scholarships, tuition benefits from parent's employer), please list awards below:

Name of Award	Amount of Award	Approved
	U.S. \$	<input type="checkbox"/> Yes <input type="checkbox"/> No
	U.S. \$	<input type="checkbox"/> Yes <input type="checkbox"/> No
	U.S. \$	<input type="checkbox"/> Yes <input type="checkbox"/> No

**Explanations/Special Circumstances**

Use this space to explain any unusual expenses such as medical or dental expenses not covered by insurance, education and other debts, child care, elder care, or special circumstances such as anticipated unemployment. Please attach additional sheets if necessary.

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**Statement of Understanding**

I/we certify that all information presented here is correct at this time and that I/we will send timely notice of any significant change in family situation, family income or assets, college plans of other children, or upon receipt of other scholarships or grants.

Signature of Student \_\_\_\_\_ Date \_\_\_\_\_

Signature of father (stepfather) \_\_\_\_\_ Date \_\_\_\_\_

Signature of mother (stepmother) \_\_\_\_\_ Date \_\_\_\_\_