

UVA Advance Financial Aid Application, 2016-2017

COMPLETE THIS FORM AND SUBMIT IT TO SUMMER SESSION. DO NOT SUBMIT TO SFS.

Student's Full Name: _____
(LEGAL NAME - PRINT) first middle last

PLEASE INCLUDE WITH THIS FORM:

- All 2015 W-2 forms received by your parent(s)
- A copy of your parent(s)' complete 2015 income tax return, including all schedules

For parents who are non-filers:	<input type="checkbox"/>
Check box if your parent(s) did not file a 2015 tax return and were not required to do so. Do not check if your parent(s) filed a 2015 US or foreign tax return. Instead, attach the tax return to this form.	

PART 1: MARITAL STATUS

Your (student's) marital status:	<input type="checkbox"/>	Unmarried				
	<input type="checkbox"/>	Married/In a domestic partnership. Check box if you are separated but not divorced.				
Are your biological or adoptive parents:	<input type="checkbox"/>	Married	<input type="checkbox"/>	Divorced/ Separated	<input type="checkbox"/>	Never Married
	<input type="checkbox"/>	Widowed	<input type="checkbox"/>	Neither (If so explain)		

PART 2: HOUSEHOLD INFORMATION

Include: Your parent(s) and yourself (the student); your parent(s)' other dependent children (including unborn children) who will receive more than half of their support from your parent(s); and other people if they now live with your parent(s) and your parent(s) provide more than half of their support and will continue to do so from July 1, 2016 through June 30, 2017.

Please note:

- If your parents are married, or unmarried but live together, include both parents in the household
- If your parents are unmarried and do **not** live together, include the parent you lived with more during the last 12 months (your custodial parent). Then, if your custodial parent is remarried, also include his or her current spouse (your stepparent).

How many people live in your parent(s)' household?	
How many members of the household will be college students enrolled at least half-time between July 1, 2016 and June 30, 2017?	
Parent 1:	Relationship to Student: _____ Date of Birth: _____
Parent 2:	Relationship to Student: _____ Date of Birth: _____

Student's Full Name: _____
 (LEGAL NAME - PRINT) first middle last

PART 3: PARENT ASSET, BUSINESS AND FARM INFORMATION

REPORT ASSET, BUSINESS AND FARM VALUES AS OF TODAY					
Total current balance of your parent(s)' cash, savings, and checking accounts:					\$
Total market value of all parent investments (including stocks, bonds, mutual funds, trust funds, and the value of education savings accounts for all children in the household):					\$
Net value (present market value minus debt owed) of all other real estate (including land and/or buildings) owned by your parent(s): Do not include the primary residence in which you live.					\$
Do your parents own a business?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	If yes, what is the business's net worth? \$
Do your parents own a farm?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	If yes, what is the farm's net worth? \$

PART 4: PARENT 2014 INCOME AND BENEFIT INFORMATION

REPORT VALUES RECEIVED (OR PAID) IN CALENDAR YEAR 2015					
Child support your custodial parent(s) <u>received</u> for all children in the household:					\$
Housing, food and other living allowances received by members of the military or clergy:					\$
Cash assistance from family and friends (including outside the U.S.) received by your parent(s):					\$
Other untaxed income (include workers' compensation, disability, Veterans' non-educational benefits, etc.):					\$
Child support your custodial parent(s) <u>paid</u> because of divorce or separation (don't include any child support received):					\$
Check if anyone in your parent(s)' household received benefits from any of the following programs in 2015 or 2016.					
Supplemental Nutrition Assistance Program (SNAP):	<input type="checkbox"/>	Free or Reduced-Priced Lunch Program:	<input type="checkbox"/>	Temporary Assistance for Needy Families (TANF):	<input type="checkbox"/>
Supplemental Security Income Program (SSI):	<input type="checkbox"/>	Special Supplemental Nutrition Program for Women, Infants, and Children (WIC):	<input type="checkbox"/>		

CERTIFICATION STATEMENT: I certify that all the information reported on this form is true, correct and complete to my knowledge. If additional documentation is required, I will submit those documents in a timely manner. I understand that if I purposely give false or misleading information, my scholarship may be terminated.

STUDENT SIGNATURE _____ Date _____

PARENT SIGNATURE _____ Date _____
 (Required for dependent students only)