

## 2019-2020 Institutional Grant Assistance Request

### Student Information:

Student Name: \_\_\_\_\_ Student ID Number: G \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Are you married?**  Yes  No

**Do you have children or other dependents that you support?**  Yes  No

**Optional:** Please attach a personal statement explaining your circumstances, and why you are requesting institutional grant assistance for your educational expenses. These statements oftentimes help us have context beyond the household income information to help make our decisions in awarding grant funds.

### Family Information:

**Parent's Marital Status:**  Married/Remarried  Divorced/Separated  Widowed  Never married

**Household Size** – In the chart below, please list the people included in your family's household. Include yourself, your parents, and your parents' other children if your parents provide more than half of their support. Include other people if they now live with your parents and your parents provide more than half of their support and will continue to provide more than half of their support from July 1, 2019 through June 30, 2020. Also, write in the name of the college for anyone who will be attending at least half-time between July 1, 2019 and June 30, 2020.

Full Name	Age	Relationship	College
		Self	GVSU

*Attach an additional sheet of paper for more family members, if necessary.*

- Check here if any member of your household received any of the following federal benefits during 2017 and/or 2018: Medicaid; Supplemental Security Income (SSI); Supplemental Nutrition Assistance Program (SNAP); Free or Reduced Price School Lunch; Temporary Assistance for Needy Families (TANF); Special Supplemental Nutrition Program for Women, Infants, and Children (WIC).

**Income Information:** Please use **2017** income information when completing this section.

**Student Income**

- I (the student) worked in 2017  
 I (the student) did not work in 2017

Sources of Income/Name of Employer	Amount Earned in 2017

**Parent Income**

- My parent(s) worked in 2017  
 My parent(s) did not work in 2017

Sources of Income/Name of Employer	Amount Earned in 2017	Name of person that earned income

**Asset Information:**

	Parent(s)	Student
<u>As of today</u> , what is your total current balance of cash, savings, and checking accounts?	\$	\$
<u>As of today</u> , what is the net worth of your investments, including real estate? <b>DO NOT include the home in which your parents live.</b> Net worth means current value minus debt.	\$	\$
<u>As of today</u> , what is the net worth of your current businesses and/or investment farms? <b>DO NOT</b> include a family farm or family business with 100 or fewer full-time or full-time equivalent employees.	\$	\$

By signing this worksheet, I certify that all of the information reported to qualify for federal student aid is complete and correct. I further understand that purposely giving false or misleading information may result in a fine, jail terms, or both.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please return your completed form to the Office of Financial Aid & Scholarships by fax, U.S. mail, or in person. Be sure to include your name and G Number on all pages. Missing information may delay processing.**