

International Financial Aid Assessment

The International Financial Aid Assessment form is for international students who are interested in receiving need-based scholarships at Fielding Graduate University

Student Name: _____ **Email:** _____

Section 1: Household Information

- Marital Status: Not Married Married/Domestic Partnership Separated
- Do you have children whom you support? Yes No
- Do you have other household members (not children or spouse) whom you support? Yes No
- Number of household members in 2020/2021 (include yourself, your spouse, your children and other persons who live with you and you provide more than half of their support): _____
- Number of college students (including you) in household in 2020/2021: _____

Section 2: 2019 Income Information (in US dollars)

- Will you complete a US IRS tax form 1040, 1040A, 1040EZ, or 1040TEL? Yes No
- If **yes**, please provide a signed copy.
- Using your income information from the 2019 year (January-December), please provide:
 - Income from Work (Student): USD\$ _____
 - Income from Work (Spouse): USD\$ _____
 - Income from other sources (land, buildings, interest, dividends, business): USD\$ _____
 - Untaxed Income (child support received, government programs, pensions not including any income listed above): USD\$ _____
- 2019 Total Income of Household: USD\$ _____

Section 3: Asset Information (in US dollars)

- Cash, savings, and checking accounts: USD\$ _____
- Real estate, land, buildings value (other than home): USD\$ _____
- Investments value (such as stocks/bonds): USD\$ _____

Section 4: Expense Information (in US dollars)

- Average amount spent each year for food, clothing, and housing: USD\$ _____
- 2019 Taxes Paid (if any): USD\$ _____ Paid to what Country? _____
- Other expenses incurred on a yearly basis?

Expense Type	Value in USD\$

Section 5: Applicant Certification

I affirm that the information presented in this International Financial Addendum is true, correct, and complete. Fielding Graduate University has my permission to verify the information reported by obtaining supporting documentation. I understand that any misrepresentation may be cause for denying or revoking any scholarship.

Student Signature: _____ **Date:** _____

Fax to 805.690.4339 Or **Scan and E-mail** to scholarships@fielding.edu