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 2022/2023 (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 2022/2023: _______

Section 2: 2021 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 2021 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$ ________________
- 2021 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$ ________________
- Other expenses incurred on a yearly basis?

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<th>Expense Type</th>
<th>Value in USD$</th>
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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