

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
- Number of household members in 2023/2024 (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 2023/2024:

Section 2: 2022 Income Information (in US dollars)

- Will you complete a US IRS tax form 1040, 1040A, 1040EZ, or 1040TEL?
 UYes
 No
- If **yes**, please provide a signed copy.
- Using your income information from the 2022 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\$ ______
- 2022 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\$ ______
- 2022 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:	
Date.	

Scan and E-mail to scholarships@fielding.edu