

M.I._____

2022-2023 Application for Institutional Aid for International & Undocumented <u>Undergraduate Students</u>

First Year student Fin Aid priority deadlines: <u>Early Decision</u> Nov 15, 2021 <u>Early Action</u> Jan 15, 2022 <u>Regular Decision</u> Feb 15, 2022 <u>Regular Decision</u> Feb 15, 2022

International and undocumented <u>undergraduate</u> students may complete this application to determine financial need for scholarships and grants. Financial need does not guarantee that a student will receive a grant or scholarship. Awards are not designed to meet the student's entire financial need, but supplement the student's other financial resources.

Please return this form to the Office of Financial Assistance by scanning and emailing to <u>finaid@meredith.edu</u> OR faxing to 919-760-2373. If you have questions regarding the form, please email <u>finaid@meredith.edu</u> or call 919-760-8565.

All parts of this application must be completed <u>each year</u>. Please utilize "not applicable" or "n/a" if needed. If any section is left incomplete, the application will not be processed and will cause delays.

Date of Birth______ Place of Birth (country) _____ Country(ies) of Citizenship_____

Part A: Student Information

Name: Last

Student's Classification: ☐ International Student ☐] Undoc	cumented DACA	□ Other	
Permanent Address:				
City, State, Zip Code:				
Mailing Address (If different from above):				
City, State, Zip Code:				
Email address:			Cell Phone:	
When do you expect to begin your studies at Meredit	h?		(month & year)	
Will you be: ☐ Attending college for the first time	□Tra	ansferring from anothe	er college	
Are you applying: □ Early Decision □ E	Early Ad	ction □ Regular De	ecision	
Part B: Parent/Family Information Email address:			Cell Phone:	
What is your parents'/guardians' current marital statu	s: □M	arried □ Single	/Separated/Divorced □ Other	
List below the members of your household during the and any other dependents for whom you and your pa				ent siblings,
NAME	Age	RELATIONSHIP	Name of college, year in school, & enrollment (full, part, or half time) for 2022-2023 academic year	Parents' contribution for college
		Self-student		
		Parent(Step)		
		Parent(Step)		
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Part C: Financial Information

Wh	What is the current exchange rate of your country's currency to the U.S. dollar? (example: 3,100 pesos=\$1)=\$1			
	Income Information/Tax Return			
	Did your parent(s) file a LLS federal tay return for 20202 DVES DNO			

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Did your parent(s) file a U.S. federal tax return for 2020? ☐ YES ☐ NO	
If YES, please list your parent(s)' Adjusted Gross Income: \$	Taxes Paid: \$
If NO, please list your parent(s)' 2020 income from earnings: Moth	ner: \$ Father: \$
Did you (the student) file a U.S. federal tax return for 2020? ☐ YES ☐ I	NO
If YES, please list your Adjusted Gross Income: \$	Taxes Paid: \$
If NO, please list your 2020 income from wages: \$	_
Asset Information	
As of today, what is the current value of your father/guardian's investment	s (include cash and savings)? \$
As of today, what is the current value of your mother/guardian's investment	nts (include cash and savings)? \$
As of today, what is the current value of your (the student) investments (in	ıclude cash and savings)? \$
Do your parents own a business or farm? ☐ YES ☐ NO If YES, what is the	he current net worth of the business or farm? \$
Does your family own a home? ☐ YES ☐ NO If YES, what is the current	value of your home? \$
Do you or your family own an automobile(s)? If YES, what is the make	and year

Part D: Financial Resources

Please list ALL financial assistance you expect for the 2022-2023 academic year:			
Student's Contribution:	\$	Government/Agencies/Foundations:	\$
Parents'/Guardians' Contribution:	\$	Private Sponsor:	\$
Family or Friends Contribution:	\$	Other (Please specify):	\$
Do you have emergency funds once you arrive in the United States? YES NO If YES, from who?			

Part E: Release and Certifying of Information

I, _____ (student's name) grant the following family members, relatives, guardian, etc. to discuss my financial aid package and billing information with the Office of Financial Assistance at Meredith College.

Name (First and Last)	Relationship to student

В١	v sianina here.	I certify that a	I parts of the ap	plication are	accurate to the	best of my	knowledge.

Student Signature:	Date:		
Parent Signature:	Date:		