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Office of Scholarships and Financial Aid

2018-2019 Student Additional Financial Information

Student's Last Name	First Name	MI

Please complete the worksheet so that we may verify information reported on the 2018-2019 Free Application for Federal Student Aid (FAFSA) and/or verification documentation.

Student	lent Annual Amount(s) Received in 2016	
\$	Education Credits from IRS Form 1040, Line 50 or 1040A Line 33 (American Opportunity and Lifetime Learning Credit)	\$
\$	Child Support you (or your spouse) Paid (Do not include support for children living in your household) Name of child:	\$
\$	Taxable Earnings from need based employment programs, such as Federal Work Study and need based portion of Fellowships and Assistantships	\$
\$	Taxable student grants and scholarship aid reported to the IRS in your adjusted gross income (AGI), as well as grant and scholarship portions of fellowships and assistantships. (Includes AmeriCorps awards, interest accrual payments, and living allowances). Attach documentation to support that these earnings were from scholarships (Signed copy of tax return).	\$
\$	Combat or special combat pay (only enter the amount that was taxable and included in your adjusted gross income (AGI)). Combat pay is reported on the W2 box 12, Code Q.	\$
\$	Earnings from work under a Cooperative Education Program offered by a college. Attach documentation to support that these earnings were from a co-op (W2 and/or co- op job offer letter).	\$

I certify that all information provided is accurate and true to the best of my knowledge.

Student's Signature	Date

Spouse's Signature _

Date	

Date _____

Parent's Signature
(Required for a dependent student)

225 North Ave. Atlanta, GA 30332-0460 Phone: 404.894.4160 Fax: 404.894.7412 **Faxes are received by a secure server** Submit at *My Requirements and Eligibility*