



OFFICE OF ADMISSION
 2 East South Street
 Galesburg, Illinois 61401-4999
 www.knox.edu

309-341-7100 Phone
 309-341-7070 Fax

Financial Aid Application

For Students Ineligible for Federal Financial Aid

This form should be used by students who are long-term residents of the United States but, by virtue of their citizenship or immigration status, are not eligible for federal financial aid. (International students who hold, or are eligible for, a United States student visa should complete the International Student Financial Aid Application. Forms are available at www.knox.edu/apply.) Complete, sign, and return this form to the Office of Admission, Knox College, 2 East South Street, Galesburg, IL 61401, or fax to 309-341-7070. If you have any questions, you may contact our office at 800-678-KNOX or 309-341-7000.

ALL APPLICANTS

Ms.

Legal name Mr. _____
Last (Family) First (Given) Middle Country of citizenship

Have you been granted eligibility and employment authorization under Deferred Action for Childhood Arrivals (DACA)? No Yes

INCOME AND ASSETS

Please provide student's and parent(s)' 2022 income and assets below.

Income Information

In US Dollars

Parent 1/Stepparent 1 income from work	US \$
Parent 2/Stepparent 2 income from work	US \$
Student's income from work	US \$
Interest and dividend income from stocks, bonds, savings accounts, etc. (including student)	US \$
Income from pension, annuities, retirement	US \$
Income from family business (do not include income listed above)	US \$
Income from other members of the household	US \$
Income from rental property	US \$
Other income - list source:	US \$
Total Income	US \$

Net Asset Information (List asset value minus debt)

Parents' cash, savings, and checking	US \$
Parents' investments – stocks/bonds/other	US \$
Parents' real estate (other than home)	US \$
Parents' business/farm	US \$
Student's cash, savings, checking, and investments	US \$
Total Assets	US \$

Total Income and Assets	US \$
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Please provide documentation to verify the income and asset information requested above. Check the type of documentation you are providing. Tax forms Statement from employer Other (i.e. bank statement, recent paystub(s), etc.)

ADDITIONAL ASSET INFORMATION

Do you or your family own an automobile? No Yes

If yes: Year of manufacture and make (e.g. 2017 Toyota) _____ Outstanding debt US \$ _____

Does your family own its home? No Yes

If yes: Year purchased _____ Purchase price US \$ _____

Outstanding debt US \$ _____ Present market value US \$ _____

Does your family owe money to other people or financial institutions? No Yes

If yes: Amount US \$ _____ Reason for debt _____

Do you or your family have money or property in another country? No Yes

If yes: Cash/Savings/Checking: US \$ _____ Country _____

Net value investments/Property: US \$ _____ Country _____

EXPENSES

Please estimate what your family spends **per year** on the items listed below:

In US Dollars

Rent or mortgage	US \$
Utilities and household necessities	US \$
Food	US \$
Clothing	US \$
Medical expenses	US \$
Loan payments	US \$
Automobile maintenance	US \$
Insurance (health and property)	US \$
Entertainment	US \$
Vacations	US \$
Taxes	US \$
Other, please explain:	US \$
Subtotal	US \$
Educational expenses	US \$
Amount allocated to savings/retirement	US\$
Total	US \$

PARENT/HOUSEHOLD INFORMATION

What is your parents' current marital status? Married Separated/Divorced Unmarried/Living together
 Parent 2 living/Parent 1 deceased Parent 1 living/Parent 2 deceased
 Other (explain) _____

Parent 1 name _____ Parent 2 name _____
 Address _____ Address _____
 Occupation/Title _____ Occupation/Title _____
 Employer _____ Years with employer _____ Employer _____ Years with employer _____

FAMILY MEMBER LISTING

Provide information about the people who will be financially dependent on your parents between July 2023 and June 2024.

Include: yourself, your parents/stepparents, your parents' dependent children, other household members dependent on your parents
 Include other people only if they:

- lived with and received more than half of their support from your parents at the time you completed your application, and
- will continue to get this support between July 2023 and June 2024.

Name	Age	Relationship	Will attend college at least half-time in 2023-2024 degree or certificate program		Name of school or college currently attending	Grade level	*Must be completed for other family members who are enrolled in college		
			Yes	No			A. College Costs: tuition, fees, room, board & books	B. Expected financial aid including scholarships	C. Amount provided by family
1.		Self	<input type="checkbox"/>	<input type="checkbox"/>					
2.			<input type="checkbox"/>	<input type="checkbox"/>					
3.			<input type="checkbox"/>	<input type="checkbox"/>					
4.			<input type="checkbox"/>	<input type="checkbox"/>					
5.			<input type="checkbox"/>	<input type="checkbox"/>					
6.			<input type="checkbox"/>	<input type="checkbox"/>					

SPECIAL CIRCUMSTANCES

Attach additional sheets to explain any unusual expenses, other debts, or special circumstances that the institution should consider when it is deciding how much financial aid, if any, you will receive.

CERTIFICATION

We declare that the information on this form is true, correct, and complete. Knox College has our permission to verify the information reported by obtaining documentation as needed. **IMPORTANT:** Providing false information may result in Knox College revoking your offer of admission.

Student's signature _____ Date _____ Parent 1 signature _____ Date _____ Parent 2 signature _____ Date _____