

# 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 <a href="https://www.knox.edu/apply.">www.knox.edu/apply.</a>) 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			
Legal name ☐ Mr.			
Last (Family) First (Given)	Middle	Country of cit	tizenship
Have you been granted eligibility and employment authorization under Deferred Action for Cl	hildhood Arrivals	(DACA)? 🗖 No 📮	<b>1</b> Yes
INCOME AND ASSETS			
Please provide student's and parent(s)' 2021 income and assets below.			
Income Information		In US Dollar	'S
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 students)	dent)	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 \$	
		110.4	
lotal Inc	ome and Assets	US \$	
Please provide documentation to verify the income and asset information requested above. providing.   Tax forms   Statement from employer   Other (i.e. bank statement, received above. Do you or your family own an automobile?   No   Yes  If yes: Year of manufacture and make (e.g. 2017 Toyota)	ent paystub(s), etc	•	
Does your family own its home? ☐ No ☐ Yes		<u></u>	
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? $\ \square$ No $\ \square$ Yes			
If yes: Amount US \$ Reason for debt			
Do you or your family have money or property in another country? $\ \square$ No $\ \square$ Yes			
If yes: Cash/Savings/Checking: US \$C	ountry		_
Net value investments / Property: US \$	ountry		

#### **EXPENSES**

Please estimate what your family spends <b>per y</b> o	ear 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 to☐ Parent 2 living/Parent 1 deceased ☐ Parent 1 living/Pa☐ Other (explain)	rent 2 deceased
Parent 1 name	Parent 2 name	
Address	Address	

# **FAMILY MEMBER LISTING**

Occupation/Title \_\_\_\_\_

Employer\_\_\_\_

Provide information about the people who will be financially dependent on your parents between July 2022 and June 2023. Include: yourself, your parents/stepparents, your parents' dependent children, other household members dependent on your parents Include other people only if they:

Occupation/Title \_\_\_\_\_

Employer \_\_\_\_

\_\_\_\_\_Years with employer\_\_\_\_

- 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 2022 and June 2023.

Years with employer\_\_\_\_\_

Name	Age	Relationship	Will attend college Name of school or at least half-time in college currently		Grade level	*Must be completed for other family members who are enrolled in college			
			2022- degree or certif		attending		A. College Costs: tuition, fees, room, board & books	B. Expected financial aid including scholarships	C. Amount provided by family
1.		Self	les				board & books	Scholarships	ranniy
		OCII	_						
2.			<b>U</b> .						
3.									
4.									
5.									
6.									

## **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
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