

## Paperwork needed to *help you fill out* the Application for Financial Aid

Note: Even if you don't have all of this information or if you only have estimated amounts – please complete the application to the best of your ability.

- **WEBSITE:** Blackbaud Financial Aid Management

<https://studentfinancialaid.blackbaud.school/>

- **INFORMATION ABOUT YOUR INCOME AND TAXES**

	<b>YES, I have this!</b> <b>AMOUNT (\$)</b>	<b>NO, I don't have or need this.</b>
1040 US Individual Income Tax Return (previous year)		
Employment W-2's		
Paycheck stubs (most recent)		
Benefits statement for federal/state assistance or veteran programs (1099M income forms)		
Checking and Savings account statement or balances		
Income from a business if you own a business		

- **INFORMATION ABOUT YOUR LIVING EXPENSES**

	<b>YES, I have this!</b> <b>AMOUNT (\$)</b>	<b>NO, I don't have or need this.</b>
House Expenses <ul style="list-style-type: none"> <li>• Mortgage or rent payments</li> <li>• Homeowners or Renters Insurance</li> <li>• Property taxes</li> <li>• Estimated value of your home (how much your home is worth)</li> <li>• Principal balance owed on your home</li> </ul>		
Electric Bill		
Gas/Heating Bill		
Water Bill		
Internet / Cable Bill		
Phone Bill		

- **INFORMATION ABOUT YOUR MEDICAL EXPENSES**

	<b>YES, I have this!</b> <b>AMOUNT (\$)</b>	<b>NO, I don't have or need this.</b>
Medical Expenses <ul style="list-style-type: none"> <li>• Doctor bills or payments</li> <li>• Hospital bills</li> <li>• Prescription medication expenses</li> <li>• Health Insurance premiums</li> </ul>		
Dentist or Orthodontist Expenses <ul style="list-style-type: none"> <li>• Dental Insurance premiums and/or dental expenses</li> </ul>		
Vision Care Expenses <ul style="list-style-type: none"> <li>• Vision Insurance premiums and/or costs for eyeglasses or contacts</li> </ul>		

- **INFORMATION ABOUT YOUR VEHICLE**

	<b>YES, I have this!</b> <b>AMOUNT (\$)</b>	<b>NO, I don't have or need this.</b>
Estimated <u>value</u> of your car or truck (see <a href="https://www.kbb.com/">https://www.kbb.com/</a> to see approximately how much your car or truck is worth)		
Annual auto insurance premium or monthly insurance payment for your car or truck.		
Monthly loan payment for your car or truck		

- **INFORMATION ABOUT YOUR FAMILY EXPENSES**

	<b>YES, I have this!</b> <b>AMOUNT (\$)</b>	<b>NO, I don't have or need this.</b>
Amount you pay for daycare or childcare		
Amount you pay to take care of a parent or relative		
Amount you pay to send money to family members in your home country, if applicable.		

- **INFORMATION ABOUT ANY SPECIAL CIRCUMSTANCES IMPACTING YOUR FINANCES**

	<b>YES, I have this!</b> <b>AMOUNT (\$)</b>	<b>NO, I don't have or need this.</b>
Did you have any unexpected expenses this year that impacted your family's financial situation or budget?		

Please gather as much information as possible from the lists above before you start completing the application, including your userID (email) and password – it will make filling out the SmartAid application much easier. Again, even if you don't have all of this information or if you only have estimated amounts – please complete the application to the best of your ability.

**It is very important to complete the application by December 1<sup>st</sup> in order to be eligible for the first round of awards. However, if you miss this deadline, please complete the application as soon as possible.**