

If married, how many people are financially dependent on you?

Section B – Parents’ Information

12. What is your parents’ current marital status?

(Mark only one box.)

- Married or in a domestic relationship
 Separated/Divorced
 Widowed
 Never married

13. Parent’s name

Family (surname)

Given (first)

Relationship _____

a. Age _____

b. Address

c. Occupation/Title

d. Employer

e. Number of years with employer _____

14. Parent’s name

Family (surname)

Given (first)

Relationship _____

a. Age _____

b. Address

c. Occupation/Title

d. Employer

e. Number of years with employer _____

15. How many people, including yourself, depend on the income of your parents for daily living expenses?

16. Family Member Listing. Provide information for all family members you included in question 11 or 15. Do not give information about yourself.

Fullname of family member	Age	Educational information 2021-22						Educational information 2022-23			
		Relationship to you	Name of school or college	Year in school or college	Tuition and fees	Room and board	Scholarships and gift aid	Amounts of parents’ contribution	Name of school or college	Total cost	Amount of parents’ contribution

owned

Section D – Asset Information (continued)

27. Do you or your family have money, property, or assets in another country? Yes No (If yes, complete the grid below. Include amounts in 26 above.)

	U.S. \$ Value	In which country(ies)?	Asset owner
Money			
Property			
Assets			

28. Do you or your family own (an) automobile(s)? Yes No (If yes, complete 28a and 28b below for each automobile.)

a. Make (VW, Fiat, Ford, Toyota, etc.): _____ b. Year of manufacture: _____

Section E – Expenses

29. How much did your family spend on the following expenses during 2019? SPECIFIC AMOUNTS ARE NEEDED.

Rent or mortgage	U.S.\$	<input type="text"/>	.00	Amount allocated to savings/retirement	U.S.\$	<input type="text"/>	.00
Utilities	U.S.\$	<input type="text"/>	.00	Automobile maintenance	U.S.\$	<input type="text"/>	.00
Food	U.S.\$	<input type="text"/>	.00	Insurance (health and property)	U.S.\$	<input type="text"/>	.00
Clothing	U.S.\$	<input type="text"/>	.00	Entertainment	U.S.\$	<input type="text"/>	.00
Household necessities	U.S.\$	<input type="text"/>	.00	Vacations	U.S.\$	<input type="text"/>	.00
Medical expenses	U.S.\$	<input type="text"/>	.00	Servants	U.S.\$	<input type="text"/>	.00
Educational expenses	U.S.\$	<input type="text"/>	.00		U.S.\$	<input type="text"/>	.00
Loan payments	U.S.\$	<input type="text"/>	.00	Please explain: _____			
Taxes	U.S.\$	<input type="text"/>	.00				

30. How much money does your family owe to other people or to financial institutions? U.S.\$.00

Amount paid on debt in 2021 U.S.\$.00

Reason for debt: _____

31. Does your family employ other people? Yes No

If yes, how many in the home? In the family business?

