

Please complete form in blue or black ink. Incomplete forms will not be accepted.

Student Name \_\_\_\_\_ ID# \_\_\_\_\_

Parent's Name(s) (for dependent students) \_\_\_\_\_

To better understand your family's financial situation, please complete all sections of this form **using amounts from the 2023 calendar year**.

If any item does not apply, enter "N/A" for Not Applicable, or enter "0" where an amount is being requested.

**Please do not leave any items blank.**

Student and/or Spouse		Parent(s) of dependent student
\$	<b>CHECK ALL THAT APPLY:</b> <input type="checkbox"/> "Untaxed" Social Security benefits <input type="checkbox"/> SS disability <input type="checkbox"/> SSI	\$
\$	<b>Payments to tax-deferred pension and retirement savings plans</b> (see W2 box 12a through 12d with codes D, E, F, G, H, and S)	\$
\$	<b>Tax exempt interest income</b> from IRS Form 1040 line 2a	\$
\$	<b>Child Support received for 2024</b> Payer: _____	\$
\$	<b>Foreign Income Exclusion</b> from IRS Form 1040	\$
\$	<b>Other untaxed income not reported elsewhere</b> (ex. Worker's compensation, disability, etc.) <b>Source of funds:</b> _____	\$
\$	<b>Money received or paid on your behalf not reported elsewhere</b>	\$

Basic Living Expenses	Actual Expenses 2023	*Source of Funds or Provider of Support
<b>Housing Expenses:</b> (rent, mortgage payments, utilities) Monthly Rate \$ _____ x 12		
<b>Food:</b> Estimated Weekly Rate \$ _____ x 52		
<b>Transportation:</b> (gas, repairs, car payment, insurance)		
<b>Medical and Dental Expense:</b> Indicate whether you used your parent's insurance, other insurance, Medicaid, or were uninsured)		
<b>Daycare for:</b>		
<b>Other Expenses:</b>		

\* Please list the sources that pay each expense. Include income you received that you were not required to report on the FAFSA, such as untaxed Social Security, SSI, welfare benefits, WIC, TANF, SNAP (Bridge Card), etc.

### CERTIFICATION AND SIGNATURE

By signing this form, I certify that all of the above information is complete and correct.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Spouse Signature \_\_\_\_\_ Date \_\_\_\_\_

**WARNING: If you purposely give false or misleading information, you may be fined, sent to prison, or both.**

Return to:  
Marine Trades Institute  
485 S. Meridian, Cedarville, MI 49719  
You may upload this form through the  
Marine Trades Institute Student Portal:  
[www.glbbs.empower-xl.com](http://www.glbbs.empower-xl.com)