



**2019-2020 DREAMer/DACA Student Financial Aid Application**

**Student Name** \_\_\_\_\_ **Edgewood ID#** \_\_\_\_\_

At Edgewood College, we believe in the life, dignity and equality of the human person and that every person is created with infinite value, equally worthy of care and respect. We are committed to recruiting, enrolling and supporting a diverse student population, regardless of documentation and citizenship.

Institutional financial aid and scholarships are available for Undocumented, DREAMer & DACA students at Edgewood College. This application is for students who are neither US citizens nor permanent residents. Completion of the Free Application for Federal Student Aid (FAFSA) is not required or encouraged. Protecting student's privacy is very important to us. This information is for institutional use only and will only be used for financial aid purposes.

**For student employment consideration only: Will you be eligible to work in in the US under Deferred Action for Childhood Arrivals (DACA) during the 19-20 academic year?**     Yes     No     Unsure

**Student Information**

Student Marital Status?     Single     Married/Remarried     Separated/Divorced     Widowed

Student - Total 2017 Income \_\_\_\_\_ \$ \_\_\_\_\_

Student Current Balance of Cash, Checking, Savings \_\_\_\_\_ \$ \_\_\_\_\_

**Parent Information**

Parent Marital Status?     Single     Married/Remarried     Separated/Divorced     Widowed

Parent 1 - Total 2017 Income \_\_\_\_\_ \$ \_\_\_\_\_

Parent 2 - Total 2017 Income \_\_\_\_\_ \$ \_\_\_\_\_

Parent(s) Current Balance of Cash, Checking, Savings \_\_\_\_\_ \$ \_\_\_\_\_

**Family Information**

In the box below, list the people in your household, include:

- Yourself and your parent(s)
- Your parents' other children or other people if they live in your household if your parents will provide more than half their support from July 1, 2019 through June 30, 2020

Full Name	Age	Relationship	College Name (for any household member attending at least ½ time between July 1, 2019 and June 30, 2020, and will be enrolled in a degree, diploma, or certificate program)
Example: Martha Jones	20	Sister	Edgewood College
		Self	

**Certification**

By signing this worksheet, I (we) certify that all the information reported on this worksheet is complete and correct. At least one parent must sign if dependent. I will provide additional documentation if requested.

\_\_\_\_\_ Date \_\_\_\_\_

Student's Signature

\_\_\_\_\_ Date \_\_\_\_\_

Parent's Signature

Please return this completed form to: Edgewood Central

Scan & email: [ecentral@edgewood.edu](mailto:ecentral@edgewood.edu); Fax: 608-663-3495 or mail to: 1000 Edgewood College Drive, Madison, WI 53711