



2020-2021 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 20-21 academic year? Yes No Unsure

Student Information

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

Student - Total 2018 Income _____ \$ _____

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

Parent Information

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

Parent 1 - Total 2018 Income _____ \$ _____

Parent 2 - Total 2018 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, 2020 through June 30, 2021

| Full Name | Age | Relationship | College Name (for any household member attending at least ½ time between July 1, 2020 and June 30, 2021, and will be enrolled in a degree, diploma, or certificate program) |
|-----------------------|-----|--------------|---|
| Example: Martha Jones | 20 | Sister | Edgewood College |
| | | Self | |
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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; Fax: 608-663-3495 or mail to: 1000 Edgewood College Drive, Madison, WI 53711