

Parent(s)' Additional Expenses

Medical/Dental Expenses paid that were not covered by insurance or reimbursed

| Year | 2023 | 2024 |
|--------|------|------|
| Amount | | |

Include unreimbursed insurance premiums. **Don't include** expenses reimbursed by Health Savings Accounts (HSA) or Health Flexible Spending Arrangements (FSA), or any expenses reimbursed with pre-tax dollars. Please explain the circumstances surrounding these expenses on page 4 of this form.

Child support your parent(s) paid because of divorce, separation or legal requirement

| Year | 2023 | 2024 |
|--------|------|------|
| Amount | | |

Name of Person Receiving Support

Student's Assets

List asset values as of the date that this form is completed.

Investment Value

Include money market funds, mutual funds, certificates of deposit, stocks, stock options, bonds, other securities, commodities, installment and land sale contracts. (Do not include the value of retirement accounts such as 401(k) or 403(b))

Cash, Savings and Checking

Veterans Benefits

Benefit Type

Monthly Amount

Number of Months

Parent(s)' Assets

List asset values as of the date that this form is completed.

Other Real Estate Value

Do not include parents' primary residence

Other Real Estate Debt

Do not include parents' primary residence

Investment Value

Include money market funds, mutual funds, certificates of deposit, stocks, stock options, bonds, other securities, commodities, installment and land sale contracts. (Do not include the value of retirement accounts such as 401(k) or 403(b))

Coverdell Savings Account

Enter the combined value for all children

Section 529 College Savings or Pre-Paid Tuition Plans

Enter the combined value for all children

Cash, Savings and Checking

Application Signature (Print, sign, scan and upload to IDOC)

By signing this application, we certify that all the information reported to qualify for federal student aid is complete and correct. **At least one parent must sign.**

Student Signature _____

Parent Signature _____ Parent Name

Parent E-mail

WARNING: IF YOU PURPOSELY GIVE FALSE OR MISLEADING INFORMATION ON THIS FORM, YOU MAY BE FINED AND/OR SENTENCED TO JAIL; YOU MAY ALSO LOSE YOUR ELIGIBILITY FOR FINANCIAL ASSISTANCE FROM CALTECH.

Explanations/Special Circumstances

Use the space below to explain any unusual expenses or special circumstances you would like us to consider when determining your eligibility for financial aid. Attach additional sheets and/or documentation as needed.