

Your FAFSA application was selected by the U.S Department of Education for review after comparing either yours or your parent(s) 2020 Adjusted Gross Income and other financial information. Middlesex College is required by federal law to compare the FAFSA with the information on this worksheet. You must complete this form. If you are a dependent student, you must provide parent's 2020 financial information. This form must be signed and submitted to determine eligibility for federal student aid. **Do not leave any section blank. If an item does not apply, enter "0" or "N/A" in the spaces below**.

A: STUDENT INFORMATION

| Last Name: | First Name: | |
|------------------------------|---------------|--|
| | | |
| Middlesex College ID Number: | Phone Number: | |

| Financial Information | Student's Total 2020 Amount | Parent's Total 2020 Amount |
|---|--------------------------------|-------------------------------|
| Education credits (American Opportunity Tax Credit and Lifetime Learning Tax Credit) from IRS form 1040 Schedule 3-line 3 | \$ | \$ |
| Child support paid in 2020 because of divorce or separation or as a result of a legal requirement. Don't include support for the children in your parent's household | \$ | \$ |
| Taxable earnings from need-based employment programs, such as Federal Work-Study and need-based employment portions of fellowships or assistantships | \$ | \$ |
| Taxable college grant and scholarship aid <u>reported to the IRS in</u> <u>your parents' adjusted gross income.</u> Includes AmeriCorps benefits (awards, living allowances and interest accrual payments), as well as grant and scholarship portions of fellowships and assistantships. | \$ | \$ |
| Combat pay or special combat pay. Only enter the amount that was taxable and included in your parents' adjusted gross income. Do not include untaxed combat pay. | \$ | \$ |
| Earnings from work under a cooperative education program offered by a college. | \$ | \$ |

The student and parent for whom information is provided above MUST sign and date this section. Each person signing below certifies that all the information reported on this form is complete, correct, and any additional information is attached if necessary. WARNING: *If you purposely give false or misleading information on this worksheet you may be fined, sentenced to jail, or both.*

| Student Signature | Date | Parent Signature (required, if dependent) | Date | | |
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