



BOWLING GREEN STATE UNIVERSITY

Student Financial Aid and Scholarships

Additional Financial Information Worksheet 2023-2024

The U. S. Department of Education requires the resolution of conflicting information prior to awarding federal financial aid. Please complete this form and return it using one of the ways listed below to help clarify a conflict regarding information you reported or left blank on the Free Application for Federal Student Aid (FAFSA).

_____ Last Name First Name M. I. BGSU ID Number

Report information only for the parent(s) whose information is reported on your FAFSA.

2021 Additional Income Information	Student/Spouse	Parent(s)
List taxable earnings from need-based employment programs such as Federal Work-Study and need-based employment portions of fellowships and assistantships.	\$	\$
List student grant and scholarship aid that you reported to the IRS in your (or your parents') adjusted gross income on your federal tax return. The amounts for these awards would be included in the amount reported on Line 1 on a 1040. This would include AmeriCorp benefits (awards, living allowances, and interest accrual payments), as well as grant or scholarship portions of fellowships and assistantships. If you were not required to report aid to the IRS as income, do not report aid on this form.	\$	\$
List combat pay or special combat pay that was taxable and was included in your (or your parents') adjusted gross income. Do not enter untaxed combat pay reported on the W-2 (Box 12, Code Q).	\$	\$
List earnings from work under a cooperative education program offered by a college. Attach documentation to support that these earnings were from a co-op.	\$	\$
List child support you or your parent paid due to divorce or separation or as a result of a legal requirement. <i>Do not include support for children living in your home (or your parents' home) or for children counted in the number you reported for household size on the FAFSA.</i> List to whom the child support was paid and the name and age of each child for whom the child support was paid. Paid to _____ Child's Name _____ Age _____ Paid to _____ Child's Name _____ Age _____ Paid to _____ Child's Name _____ Age _____ Paid to _____ Child's Name _____ Age _____	\$	\$

Each person signing this form certifies that all the information reported is complete and correct. If you are a dependent student, at least one parent must provide a signature and date. If you purposely give false or misleading information on this worksheet, you may be fined, sentenced to jail, or both.

_____ Student Name Date Parent Name Date

UPLOAD & SUBMIT completed SFA forms at: <http://sfa.bgsu.edu/upload> or Fax: 419-372-0404 (allow 2-3 business days to process)

Questions? Phone: 419-372-2651 or ask your question online using our secure web portal at: <https://sfa.bgsu.edu/asksfa>.