



DIVINE MERCY UNIVERSITY

International Institutional Aid Application 2023-2024 (for students' ineligible for (US) Federal Student Aid)

The information collected by this form will provide the Financial Aid Office with information similar to the information collected and tabulated by the US Department of Education to establish a student's Expected Family Contribution (EFC) for Federal Student Aid. The Institute uses this information to establish an EFC for international students and others whose status is outside of federal guidelines for Federal Student Aid. The information collected here is kept strictly confidential and will not be used for any other purpose.

For The 2023-2024 Academic Year, Please Use 2021 Income Information.

Student's Name (Last, First, Initial) _____

Permanent Mailing Address (Including country if outside US):

Date of Birth: _____

Primary Telephone Number: _____

Email Address:

Marital Status (at date of filing): _____

Month/Year of Marriage/Separation/Death: _____

Will You Attend Full-Time, Half-Time, Or Less Than Half-Time In 2023-2024? _____

Using your country's normal method of income tax filing, please complete the following information (converted to US Dollars). If married, you must report your own and your spouse's income and assets, even if you were not yet married in 2018.

What Was Your (And Your Spouse's) Adjusted Gross Income in 2021? _____

What Was The Amount You (And Your Spouse) Paid In Taxes in 2021? _____

How Many Exemptions Did You (And Your Spouse) Claim in 2021? _____

How Much Did You (And Your Spouse) Earn From Working (Wages, Salaries, Tips, Etc.) in 2021?

Credits, Unearned Income And Other Income:

Did You Receive Income Or Child Tax Credits Or Other Benefits From Your Country That Were Not Taxed? If Yes, how much? _____

With the exception of government provided student financial aid, please list other untaxed income or benefits not reported elsewhere on this form:

Source: _____
Income: _____

Source: _____
Income: _____

Source: _____
Income: _____

Other monies received, or paid on your behalf (e.g. bills), not reported elsewhere on this form:

Income: _____

Did you have taxable earnings from need-based work-study employment, fellowship(s), or assistantship(s) or grant(s) or scholarship(s) reported in your adjusted gross income? If so, how much? _____

As of today, what is your (and your spouse's) total current balance of cash, savings and checking accounts? (Do not include financial aid): _____

As of today, what is the net worth of your (and your spouse's) investments, including real estate (not counting your home)? _____

As of today, what is the net worth of your (and your spouse's) current businesses and/or investment farms? (Do not include a farm that you live on and operate.) _____

Do you receive Veteran's Benefits from your country? _____
If so, for how many months from July 2023–June 2024 will you receive them? _____
What amount of benefits will you receive per month during this time? _____

How many people are in your household? (Include yourself and your spouse, your children and other people who live with you and/or for whom you will provide more than half of their support during the 2020-2021 academic year.) _____ Of these, how many will be attending college? _____

By signing this application, you certify that that the information provided is true and accurate. You also certify that the Institute for the Psychological Sciences reserves the right to verify the information reported.

Student's Signature

Date

Spouse's Signature

Date