

**2019 -2020 Additional Financial Information Form**

Your FAFSA application was selected by the U.S Department of Education for review after comparing either yours or your parent(s) 2017 Adjusted Gross Income and other financial information. MCC 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 2017 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 | M | MCC ID # | Phone Number |

| Financial Information   | Student’s Total<br>2017 Amount | Parent’s Total<br>2017 Amount |
|---|--------------------------------|-------------------------------|
| <b>Education credits (American Opportunity Tax Credit and Lifetime Learning Tax Credit)</b> from IRS form 1040—line 50 or 1040A—line 33   | \$                             | \$                            |
| <b>Child support paid in 2017</b> because of divorce or separation or as a result of a legal requirement. <b>Don’t include</b> support for the children in your parent’s household  | \$                             | \$                            |
| <b>Taxable earnings from need-based employment programs</b> , such as Federal Work-Study and need-based employment portions of fellowships or assistantships  | \$                             | \$                            |
| <b>Taxable college grant and scholarship aid reported to the IRS in your parents’ adjusted gross income.</b> Includes AmeriCorps benefits (awards, living allowances and interest accrual payments), as well as grant and scholarship portions of fellowships and assistantships. | \$                             | \$                            |
| <b>Combat pay or special combat pay.</b> Only enter the amount that was taxable and included your parents’ adjusted gross income. <b>Don’t include</b> untaxed combat pay.  | \$                             | \$                            |
| <b>Earnings from work under a cooperative education program offered by a college.</b>   | \$                             | \$                            |

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 |
|-------------------|------|---|------|