

2024-2025 Student Trust Fund Value Form

STUDENT: _____ FIDN#: A _____
Last Name First Name

Please clarify the value of all trusts for which the student is listed as the beneficiary. Include the value of all trusts, regardless of whether the income or principal is currently available. Do not include funds held in 529 plans. The amounts reported below should be as of the date you filed the FAFSA.

Enter "0" if the answer is Zero. Do not leave any lines blank.

Total value of all trusts for student: Value \$ _____

I (we) certify the information reported above is true and accurate to the best of my (our) knowledge. I (we) understand that providing misleading or false information can jeopardize financial aid eligibility and subject me (us) to federal penalties. If additional information is requested, I (we) agree to provide the institution with any supporting documentation to verify the information stated above. The student and at least one parent (for dependent students) must provide a signature. If you (the student) are independent, only the student signature is needed. We do not accept electronic signatures.

Student's Name (Print)

Student's Signature

Date

Parent's Name (Print)

Parent's Signature

Date