

2024-2025 Student Cash/Checking/Savings Form

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

Please clarify the total amount reported for your cash, checking and savings.

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

Total student cash, checking, and savings as of the day the FAFSA was filed: \$ _____

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. We do not accept electronic signatures.

Student's Name (Print) Student's Signature Date

Parent's Name (Print) Parent's Signature Date