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2025-2026 Student Trust Fund Value Form

STUDENT:	FIDN#: A	
Last Name	First Name	
Please clarify the value of all trusts for w regardless of whether the income or prine amounts reported below should be as of the	cipal is currently available. Do not inclu	
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 a understand that providing misleading of me (us) to federal penalties. If additional any supporting documentation to verify (for dependent students) must provide a signature is needed. We do not accept experience.	r false information can jeopardize finar al information is requested, I (we) agree the information stated above. The stud a signature. If you (the student) are inde	icial aid eligibility and subject to provide the institution with lent and at least one parent
Student's Name (Print)	Student's Signature	Date
Parent's Name (Print)	Parent's Signature	 Date