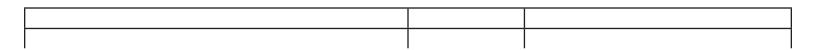
B

4. Amounts and Sources of Untaxed Income



Will any of the family members listed above attend college in the 2024–2025 academic year? If yes, provide the following information for each family member that will attend college. Include college information only if enrolled at least half-time in a degree granting program (please note, parent's enrollment in college is not considered). If the school or college is undecided, update the O ce of Student Services in writing when a decision is made. Veri cation of sibling(s) enrollment in college for the 2024–2025 academic year will be required in September 2024. Adjustments will be made for siblings whose attendance plans have changed, are considered independent for federal aid, or for whom there is a minimal parent contribution.

Name of Family Member	Name of College	Expected Graduation Year	Full Time or Half Time	Undergrad or Grad	Non-Need Based Aid Amount
1. Student	Boston College				
2.					
3.					
4.					

Student Eagle ID Number _____

7. Additional Information/Special Circumstances

Use the following space to answer any questions more completely or to explain any special circumstances you wish to bring to the attention of your Financial Aid Counselor. Please be as speci c as possible, including dates, dollar amounts, and documentation when appropriate. **If your parent(s) have experienced a loss of job**, **change of income**, **etc.**, visit our website at www.bc.edu/undergradaid for additional information.

8. Other

If you are a r	nursing stud	lent, have you ever received education	al nancial assistance from the U.S. Department of Health and Human
Services?	🗆 Yes	🗆 No	

Are you a member of a religious order (i.e. a man or woman living under religious vows)? If so, which one?

9. STATEMENTS AND SIGNATURES

I, the student, we, the parents, and student's spouse (if applicable) certify that all information presented is correct at this time and that I/ we will send timely notice of any signi cant change in my/our family situation, family income or assets, or upon receipt of other scholarships or grants. If I am selected as a recipient of a Boston College endowed or donor-sponsored award, I agree to allow the release of pertinent information by college o cials. I further agree to the release of any application information to federal and state agencies.

I, the student, a rm that I will be attending Boston College on at least a half-time basis and that I must maintain satisfactory progress in the course of study that I am pursuing according to the standards and practices of Boston College. In addition, I authorize Boston College to retain federal nancial aid funds to cover the cost of tuition, fees, room, board, and other costs associated with my attendance at Boston College. If at any time I wish to change this authorization, I understand that I must notify the O ce of Student Services in writing of the change.

The student and at least one parent (and the student's spouse, if applicable) must sign this form.

Student's Signature	Parent's Signature
Date	Date
Spouse's Signature	Parent's Signature
Date	Date

Notice of Nondiscrimination

To read the full Notice of Nondiscrimation, please visit https://www.bc.edu/content/bc-web/o ces/human-resources/sites/oid/Policies-and-Compliance/Notice-of-Nondiscrimination.html.