KANSAS STATE UNIVERSITY

Office of Student
Financial Assistance

Submit securely online:
ksu.edu/sfa/upload

Deliver in person:
119 Anderson Hall | 919 Mid-Campus Drive North
Manhattan, Kansas 66506-0107

_____
Student's Name (Last, First, MI)

_____
Wildcat Identification Number

_____
Parent/Step-Parent 1 Date of Birth

_____
Parent/Step-Parent 2 Date of Birth

Please complete the following:

1) If married (or remarried) and you filed 2023 taxes jointly with your spouse, submit copies of both your and your spouse's 2023 W-2(s).

2) **Submit a letter from your or your spouse's former employer documenting the last day of employment**, such as a resignation, termination or separation letter. This letter must be on official letterhead from the employer. If working for the same employer as in 2023 but making less income, have the employer explain in a letter why less is being earned now (i.e. change of position, lowered wage, working less hours, etc.).

3) Submit the supporting documentation listed below. Additional documentation may be requested upon review.
   - The most recent year-to-date paystub(s).
   - A statement of severance payments and benefits from your or your spouse's former employer (if applicable).
   - A statement of unemployment benefits (if applicable).

4) Below, estimate only the income for the person who has experienced the loss of income.

Estimated Income for January 1, 2025 - December 31, 2025	Parent / Step-Parent 1	Parent/ Step-Parent 2
Sources of Taxable Income		
Gross earnings from work		
Severance pay		
Gross unemployment compensation		
Business income		
Interest or dividend income		
Rental income		
Farm/ranch net income		
Taxable pension and/or annuity income		
IRA/Retirement account withdrawals		
Taxable Social Security Benefits/Disability		
Workers' Compensation		
Alimony received		
Sources of Untaxable Income		
IRA deductions & payments to SEP, SIMPLE, Keogh		
Tax exempt interest		
Untaxed portions of IRA distributions or pensions		

Note: If a line is left blank, you are certifying you have received no income from that source.

Certification Statement

By signing this form, I certify that all the information reported is complete and accurate.

_____
Signature of Parent on FAFSA (required)   Date