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## 4. AMOUNTS AND SOURCES OF UNTAXED INCOME

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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 Office of Student Services in writing when a decision is made. Verification 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.					

**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 specific 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](http://www.bc.edu/undergradaid) for additional information.

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**8. OTHER**

If you are a nursing student, have you ever received educational financial 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 significant 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 officials. I further agree to the release of any application information to federal and state agencies.

I, the student, affirm 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 financial 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 Office 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 Nondiscrimination, please visit <https://www.bc.edu/content/bc-web/offices/human-resources/sites/oid/Policies-and-Compliance/Notice-of-Nondiscrimination.html>.