

# BOSTON COLLEGE

2024 2025

Complete this form if you have received a 2022 federal, P. Rican, Canadian or foreign award.

This form may be used by individuals who seek income tax exemptions/guarantees (e.g., embassy, United Nations, World Bank, DMF, etc.) The individual must be a U.S. citizen, permanent resident alien, or a legal permanent resident of the United States and be eligible for financial aid in the 2022-2023 academic year.

Please complete this form by the deadline. Detailed instructions are available at [bc.edu/finaid](http://bc.edu/finaid). Please call 487-2400 for questions. Additional financial aid may be added.

Student's Name \_\_\_\_\_ Eagle ID. Number \_\_\_\_\_

(name)

Wages (If W-2 forms were issued, attach copies to this form.) Amount: \$ \_\_\_\_\_ Source: \_\_\_\_\_

Unemployment Compensation Amount: \$ \_\_\_\_\_ Source: \_\_\_\_\_ N/A \_\_\_\_\_

Interest/Dividends Amount: \$ \_\_\_\_\_ Source: \_\_\_\_\_ N/A \_\_\_\_\_

Veteran's Benefits Amount: \$ \_\_\_\_\_ Source: \_\_\_\_\_ N/A \_\_\_\_\_

Social Security Benefits (total for all family members) Amount: \$ \_\_\_\_\_ Source: \_\_\_\_\_ N/A \_\_\_\_\_

Alimony Amount: \$ \_\_\_\_\_ Source: \_\_\_\_\_ N/A \_\_\_\_\_

Welfare (including AFDC and TANF) Amount: \$ \_\_\_\_\_ Source: \_\_\_\_\_

Other Source Amount: \$ \_\_\_\_\_ Source: \_\_\_\_\_

## SIGNATURE

I hereby swear or affirm that the information reported on this form is true, complete, and accurate to the best of my knowledge. I understand that any false statement or misrepresentation will be cause for denial, reduction, withdrawal, and/or repayment of financial aid.

Signature \_\_\_\_\_ Date \_\_\_\_\_