2025–2026 financial aid expense and resource supplement		
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Student's Name	Fagle ID Number	

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Parent 1 Wages	S
Parent 2 Wages	\$
Business Income	\$
Pension/Annuity Payments	\$
Social Security Benefits	\$
Veteran's Benefits	\$
Unemployment Compensation	\$
Worker's Compensation	\$
AFDC, Housing Subsidy, or other Governmental Support	\$
Alimony Received	\$
Child Support Received	\$
Interest/Dividend Income	\$
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If you utilized your savings to help cover expenses, please indicate the amount of savings withdrawn over the course of the year.	\$
If you financed any of your expenses through a loan or credit, please indicate the amount of your loan or credit debt attributable to 2023 expenses only. Please provide documentation of your loans.	\$
If you received assistance from relatives or friends, please indicate the amount they provided over the course of the year. We assume that every person must have some basic living expenses and income to cover these expenses. If someone is paying your bills, this amount should be indicated here. If zero income and expense is reported and no explanation as to why, you will automatically be assigned a standard amount for both income and expenses, which may be higher than your actual income/expenses.	\$
Other	S
	\$
	\$
	\$
	\$

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I/We herby certify that the information provided on this form is a complete the calendar year 2023.	and accurate account of all expenses incurred and resources received for
Parent 1 Signature	Date
Parent 2 Signature	Date

Student's Signature _____ Date ____