

# Financial Information Form (FIF)

## Comprehensive Studies Program/Educational Opportunity Program

Student Name: \_\_\_\_\_  
(Last name) (First name) (Middle initial)

Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_ High School: \_\_\_\_\_  
month day year

### TO DETERMINE FINANCIAL ELIGIBILITY, YOU MUST SUPPLY THE FOLLOWING:

#### A. Complete the following two items if you are a **DEPENDENT** applicant:

*DEPENDENT applicants are students who are financially dependent on a parent(s) or guardian(s). If you are not, go to Section B below.*

- Attach Pennsylvania Tax Returns of **parent(s)** or **guardian(s)** in the household
- the 2014 tax return, if completed, OR,
  - the 2013 tax return if 2014 tax return not yet completed by parent(s) or guardian(s)

If parent/guardian of household does not need to file a tax return for 2014

- Attach a written statement explaining why your parent(s) or guardian(s) are not required to submit a state tax return

- Please indicate your family size (include yourself in the count) \_\_\_\_

#### B. Complete the following if you are an **INDEPENDENT** applicant:

*INDEPENDENT applicants are students who meet one of the following criteria: 1) you were born before 1/1/1985; 2) you are married; 3) you have children (or other dependents) who receive more than half of their support from you; 4) both parents are deceased; 5) you are, or were, a ward or dependent of the court, until age 18; or 6) you are a U.S. veteran.*

- Attach Pennsylvania Tax Returns of **your** (and **your spouse's**) **household**
- the 2014 tax return, if completed, OR,
  - the 2013 tax return if you have not yet completed one for 2014

- Please indicate your family size (include yourself in the count) \_\_\_\_

I have read and understand the information provided about the Comprehensive Studies or Educational Opportunity Program and wish to be considered for admission to Penn State through this program. I understand that I must meet certain academic and financial qualifications.

I am a resident of Pennsylvania and hereby declare that the information supplied by me on this form is accurate to the best of my knowledge.

Address: \_\_\_\_\_ Home Phone Number: (\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Student Cell Phone Number \_\_\_\_\_

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date