

<u>Submit Documents Via</u> Secure Electronic Submission:

my.fordham.edu/fasubmitdocs

or

Fax: (718) 817-3921

## 2023-2024 Student Trust Fund Value Form

STUDENT:	FIDN#: A	
Last Name	First Name	
Please clarify the value of all trusts for we regardless of whether the income or princamounts reported below should be as of the	cipal is currently available. Do not include	
Enter "0" if the answer is Zero. Do not	leave any lines blank.	
Total value of all trusts for student:	Value \$	
I (we) certify the information reported a understand that providing misleading o me (us) to federal penalties. If additiona any supporting documentation to verify (for dependent students) must provide a signature is needed. We do not accept e	r false information can jeopardize finan Il information is requested, I (we) agree the information stated above. The stud a signature. If you (the student) are inde	icial aid eligibility and subject to provide the institution with lent and at least one parent
Student's Name (Print)	Student's Signature	Date
Parent's Name (Print)	Parent's Signature	Date