

2024-2025 Parent Business Value Form

STUDENT:			FIDN#: A		
STUDENT: Last Name		First Name			
			s) own or have a business ass ported should be as of the dat	et. Please complete all of the te the FAFSA was filed.	
Enter "0" if the answ	ver is Zero. Do not leav	ve any lines blank.			
Name of Business:			Number of Employees:		
Name of Parent Owne	er(s)		Percenta	Percentage of Ownership:%	
Type of Business:	Sole Proprietor	Partnership	Corporation-Corporation	n type:	
For Partnerships: List	non-parent partners bel	ow:			
Name of Owner/Partner		Relati	onship to Student	% Percentage of Ownerships	
Name of Owner/Partner		Relationship to Student		Percentage of Ownerships	
Name of Owner/Partner		Relationship to Student		Percentage of Ownerships	
Parents Total Business Value: \$		Parents Total Business Debt: \$			
If your parent(s) do no	ot own a business, pleas	e explain the source	e of business income reported	in the box below:	
		-			

By signing this form, I (we) certify the information reported above is true and accurate to the best of my (our) knowledge. I (we) understand that providing misleading or false information can jeopardize financial aid eligibility and subject me (us) to federal penalties. If additional information is requested, I (we) agree to provide the institution with any supporting documentation to verify the information stated above. The student and at least one parent (for dependent students) must provide a signature. We do not accept electronic signatures.

Student's Name (Print)	Student's Signature	Date
Parent's Name (Print)	Parent's Signature	Date