

**A. Student Information**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Capital Student ID \_\_\_\_\_

Spouse Email Address (if married) \_\_\_\_\_ Preferred Phone Number \_\_\_\_\_

**B. Marital Information (only required if student is married, divorced, or separated)**

COMPLETE THE TABLE BELOW.

- If married, divorced, or separated, include your most recent marital status and marital date.
- If married, include your spouse’s name, date of birth, and the name of the college they are attending; if applicable.
- Do **NOT** complete Section B - if you are single/unmarried.

Spouse’s Name (if married):			Marital Status (check only one)
Name of College spouse will attend 2024-2025	Spouse’s Date of Birth (if married)	Date of Most Recent Marital Status (MM/YYYY)	<input type="checkbox"/> Married <input type="checkbox"/> Divorced/Separated
		____/____	

**C. Family Information**

COMPLETE THE TABLE BELOW.

- Include your (and your spouse’s) children (including any unborn children that are expected to be born prior to July 1, 2024) if you (or your spouse) will provide more than half of the children’s support from July 1, 2024 - June 30, 2025.
- Include other people if they now live with you and you (or your spouse) provide more than half of their support and will continue to provide more than half of their support from July 1, 2024 - June 30, 2025.
- Do **NOT** include yourself or your spouse in the boxes below. That information is reported in Section A and B.

Indicate if any individuals below will be enrolled in a degree or certificate program at a college, university or other post-secondary institution at least half-time between July 1, 2024, and June 30, 2025. *Middle or high school students in college courses such as AP or CCP classes are not considered as “in college.”* **\*\*Please indicate the name of the college they will be/plan to attend in 2024-25\*\***

Full Name	Age	Relation to Student	Name of College they will attend 2024-2025

(Attach a separate sheet or list below in margin if you need more room.)

**DO NOT COMPLETE - FOR OFFICE USE ONLY:**

Total Household Size: \_\_\_\_\_

Total Number in College: \_\_\_\_\_

More questions are on the back side of this worksheet.

## D. Tax Filing Status and Income Information

COMPLETE BOTH ITEMS, 1) & 2) BELOW.

STUDENT	
<b>1) Check one of the following:</b>	
<input type="checkbox"/>	I filed a 2022 Federal Tax Return. * <b>Circle one:</b> Tax Transcript/Return Enclosed <u>or</u> IRS DRT Used
<input type="checkbox"/>	I was not employed and had no earned income in 2022 and did not file a 2022 Federal Tax Return. †
<input type="checkbox"/>	I did not file a 2022 Federal Tax Return but did work and/or have earned income. The earned income amount is listed below and W-2s have been included with this form. † <b>Student: \$</b> _____

SPOUSE (only required if student is married)	
<b>2) Check one of the following:</b>	
<input type="checkbox"/>	My spouse filed a 2022 Federal Tax Return. * <b>Circle one:</b> Tax Transcript/Return Enclosed <u>or</u> IRS DRT Used
<input type="checkbox"/>	My spouse was not employed and had no earned income in 2022 and did not file a 2022 Federal Tax Return. †
<input type="checkbox"/>	My spouse did not file a 2022 Federal Tax Return but did work and/or have earned income. The earned income amount is listed below and W-2s have been included with this form. † <b>Spouse: \$</b> _____

➤ **Answer the following Federal Work-Study Question:**

Did you, the student, work on-campus and earn Federal Work-Study Dollars during the calendar year 2022?

Yes  No

**\*All tax filers must submit:**

**A 2022 Federal Tax Return Transcript OR**

**A 2022 1040 Tax Return (signed and dated) with Schedules 1, 2, and 3 OR**

**Use the IRS Data Retrieval Tool within the FAFSA.**

†Any student and/or spouse that did not file a 2022 federal tax return must submit a Verification of Non-Filing Letter from the IRS.

- Federal Tax Return Transcripts are available on [irs.gov/individuals/get-transcript](https://www.irs.gov/individuals/get-transcript) or by calling 1-800-908-9946.
- Verification of Non-Filing Letters are available by completing an IRS Form 4506-T and submitting it to the IRS.

## E. Identity and Statement of Purpose

The student must provide the following to verify their identity either in person to Capital University's Financial Aid Office or in the presence of a notary:

- (a) A **copy of an unexpired valid government-issued photo identification (ID)** that is acknowledged in the notary statement below, such as but not limited to a driver's license, other state-issued ID, or passport;

**AND**

- (b) The **original notarized** Statement of Educational Purpose on the next page, if completed in the presence of a notary, of the Statement of Educational Purpose completed in person to Capital University's Financial Aid Office.

**\*\*\* If Statement of Purpose has been notarized, you must provide the original form. A faxed or emailed copy will NOT be accepted.**

**Please continue to next page.**

**Statement of Educational Purpose**

(Statement must be completed in the presence of a Notary or in person to Capital University's Financial Aid Office)

I certify that I \_\_\_\_\_ am the individual signing this Statement of Educational Purpose and that the federal student financial assistance I may receive will only be used for educational purposes and to pay the cost of attending Capital University for 2024-2025.

\_\_\_\_\_  
(Student's signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Student's ID number)

**Notary's Certificate of Acknowledgement \*\*\***

State of \_\_\_\_\_ City/County of \_\_\_\_\_ on \_\_\_\_\_ (date), before me,

\_\_\_\_\_, personally appeared, \_\_\_\_\_, and proved to me  
(Notary's printed name) (Printed name of signer)

because of satisfactory evidence of identification \_\_\_\_\_ to be the above-named person who signed the foregoing instrument.  
(Type of unexpired government-issued photo ID provided)

**WITNESS my hand and official seal**

\_\_\_\_\_  
(Notary signature)

My Commission expires on \_\_\_\_\_ (Date)

**\*\*\* If Statement of Purpose has been notarized, you must provide the original form. A faxed or emailed copy will NOT be accepted.**

**F. Certification and Signatures**

By signing this worksheet, I certify that all the information reported on this worksheet is complete and correct. I agree, if asked, to provide documentation that will verify the accuracy of the information provided on this completed form.

**Warning: If you purposely give false or misleading information on this worksheet, you may be fined, sentenced to jail, or both.**

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

**Return this worksheet, and other documents to:  
Capital University Financial Aid Office  
1 College and Main, Columbus, Ohio 43209  
Fax: 614-236-6926**

\_\_\_\_\_  
Spouse's Signature (optional)

\_\_\_\_\_  
Date

**Do not email documents with personally identifiable information.**

**DO NOT COMPLETE - FOR OFFICE USE ONLY:** If verifying from a Federal Tax Return Transcript/Return

AGI	Taxes Paid	Tax-Exempt Int.	Untaxed IRA/Pension	Other Untaxed
IRA Deduct	Keogh/SEP	Edu. Credits	Pension Pay.	FWS Earnings