

2026-2027 INSTITUTIONAL EVALUATION FORM

Request to evaluate financial aid eligibility for additional institutional aid.

Last Name: _____ First Name: _____ MI: _____

Student ID (if not known, last 4 digits of Social Security Number): _____ Date of Birth: _____

Permanent Address: _____

City, State, Zip: _____ Phone # (____) _____

1. Are you eligible to file a FAFSA? (check one) Yes No Choose not to answer

2. Please provide information about your household below.

Please see page two to determine your dependency status.



If you are a dependent student, include: <ul style="list-style-type: none"> Yourself Your Parent(s) – including step-parents Your Parent(s)' other children if your parents will provide more than half of their support from July 1, 2026, <i>through</i> June 30, 2027. Other people only if they now live in your parent's household <u>and</u> your parents will provide more than half of their support from July 1, 2026 <i>through</i> June 30, 2027. 	If you are an independent student, include: <ul style="list-style-type: none"> Yourself Your spouse (if you are married) Your children if you will provide more than half of their support from July 1, 2026 <i>through</i> June 30, 2027. Other people only if they live in your household <u>and</u> you provide more than half of their support <u>and</u> will continue to do so from July 1, 2026 <i>through</i> June 30, 2027. 		
Name	Age	Relationship	Name of College/University
		Self	Alverno College
If more space is required, please attach a separate page.			

3. Complete the income worksheet below for the student and parent(s). Please calculate either a monthly amount or an annual amount for each item below. **Enter zero if not applicable.**

2024 Income	MONTHLY Amount	OR	ANNUAL Amount
Money Earned from Working*		x 12	
Child Support or Alimony Received			
Workers Comp/Disability or Unemployment Benefits			
Money received not reported elsewhere on this form			
Assets/Savings			
Current amount in Cash, Savings, Checking Accounts			
Current investments (<i>do not include 401k or other retirement savings</i>)			
Other assets (<i>do not include the value of the home you live in</i>)			

**A signed copy of your and your parent(s)/spouse's, if applicable, entire 2024 and/or 2024 tax return transcript(s) (including all schedules) may be requested.*

Please remember that the Financial Aid Office must receive complete and appropriate documentation before processing. Upon receipt, additional information or documentation may be requested. Not all circumstances result in additional aid. If I later choose to file a FAFSA, I understand that information from this form may create conflicting information and result in the institution selecting my FAFSA application for verification.

I certify that all information on this form is true and correct to the best of my ability.

Student Signature: _____

Date: _____

Spouse/Parent Signature: _____

Date: _____

Dependency Status Questions

- Were you born before Jan. 1, 2003? Yes No
- As of today, are you married? (Also answer “Yes” if you are separated but not divorced.) Yes No
- At the beginning of the 2026–27 school year, will you be working on a master’s or doctorate program (such as an M.A., MBA, M.D., J.D., Ph.D., Ed.D., graduate certificate, etc.)? Yes No
- Are you currently serving on active duty in the U.S. armed forces for purposes other than training? (If you are a National Guard or Reserves enlistee, are you on active duty for other than state or training purposes?) Yes No
- Are you a veteran of the U.S. armed forces?* Yes No
- Do you now have—or will you have—children who will receive more than half of their support from you between July 1, 2026, and June 30, 2027? Yes No
- Do you have dependents (other than your children or spouse) who live with you and who receive more than half of their support from you, now and through June 30, 2026? Yes No
- At any time since you turned age 13, were both your parents deceased, were you in [foster care](#), or were you a dependent or ward of the court? Yes No
- Has it been determined by a court in your state of legal residence that you are an [emancipated minor](#) or that someone other than your parent or stepparent has [legal guardianship](#) of you? (You also should answer "Yes" if you are now an adult but were in legal guardianship or were an emancipated minor immediately before you reached the age of being an adult in your state. Answer "No" if the court papers say "custody" rather than "guardianship.") Yes No
- At any time on or after July 1, 2025, were you determined to be an unaccompanied youth who was [homeless](#) or were self-supporting and at risk of being homeless, as determined by (a) your high school or district homeless liaison, (b) the director of an emergency shelter or transitional housing program funded by the U.S. Department of Housing and Urban Development, or (c) the director of a runaway or homeless youth basic center or transitional living program?*** Yes No

**If you do not have a determination that you are homeless, but you believe you are an unaccompanied youth who is homeless or self-supporting and at risk of being homeless, answer “No” to the questions concerning being homeless. Then contact your [financial aid office](#) to explain your situation. “Homeless” means lacking fixed or regular housing. You may be homeless if you are living in shelters, parks, motels, hotels, cars, or temporarily living with someone else because you have nowhere else to go.

What if I answered "Yes" to one or more of the questions above?

If so, then for student aid purposes, you’re considered to be an independent student and will not provide information about your parents on the form.

What if I answered "No" to every question?

If so, then for student aid purposes, you’re considered to be a dependent student, and you must provide information about your parents on the form.