



Office of Student Financial Aid
 4400 University Drive, MS 3B5, Fairfax, Virginia, 22030
 Phone: 703-993-2353; Fax: 703-993-2350

Alternate Needs Assessment – 2017-18 Award Year (for Non-FAFSA Filers)

Student Name: _____ Student ID: _____

Address: _____
 (Street Address) (City) (State) (Zip)

Email: _____ Phone: _____

Academic Status in 2017-2018: Incoming Freshman Returning Student

Fall 2017 Credits Enrolled: _____ Spring 2018 Credits Enrolled: _____

The student must submit the following documents along with this signed form to the Office of Student Financial Aid

Required:

-EFC Calculator Results. Go to bigfuture.collegeboard.org and under 'Pay for College', click on 'Tools and Calculators', then click the 'EFC Calculator' link. Use the FM EFC Formula when prompted. Print the EFC 'Results' Page.

If Applicable:

- Signed Parent(s) 2015 Federal Tax Return
- Signed Student 2015 Federal Tax Return
- Parent(s) W-2 Form (2015)
- Student W-2 Form (2015)
- Other Proof of Financial Need: (may include free/reduced lunch, WIC, TANF, food stamps, or other verifiable documentation of financial need)

Use this space to provide any additional comments/information:

Student Signature: _____ Date: _____

OFFICE USE ONLY:

Student EFC/Need Verified: _____

FA Signature: _____ Date: _____