



2023-2024
**Institutional Aid Application for
 Undocumented Students (IAAUS)**
Office of Financial Aid

This application is exclusively for a specific group of undocumented students who cannot apply for federal student aid. Information provided in this form is only shared within the Office of Financial Aid at Valparaiso University.

Student's Name _____ Valpo ID # _____

1. Are you in the process of obtaining U.S. Citizen status? Yes No
2. What are your housing plans for the 2023-2024 Academic year?
 - On Campus
 - With legal parent/guardian
 - Off Campus

3. How many family members are living in the household? Include yourself, parent(s), sibling(s) and any others that live with and receive support from your parent(s)

Full Name	Relationship to Student	Attending College/University in 2023-2024 at least half-time	
		<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/> Yes	<input type="checkbox"/> No

4. What is the current total balance of all bank accounts? (savings and/or checking)

Student: \$ _____ Parent(s): \$ _____

5. Did you file a 2021 U.S. Federal Tax Return?

Student: Yes No Parent: Yes No

If yes, please provide a signed copy of the 2021 Federal Tax Return AND 2021 W2s, if applicable

6. What are the current source(s) of monthly income? (Child support, WIC Benefits, Unemployment, Income paid in cash, SSI/SSDI, W2 Earnings) as applicable?

Student Source Name	Amount
	\$
	\$
	\$
Parent(s) Source Name	Amount
	\$
	\$
	\$

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7. Explain any additional information related to your family's financial situation that only The Office of Financial Aid at Valparaiso University should know.

Certification and Signature

All of the information provided on this form is true, complete, and accurate. I understand that I may be asked to provide additional documentation to verify the accuracy of this completed form. I understand that, until all requested information has been submitted and reviewed, no additional financial assistance will be awarded.

Student Signature: _____ Date: _____

Parent Signature: _____ Date: _____