



2024-25 Institutional Aid Application for Undocumented Students

Return To: The Office of Financial Aid
Kretzmann Hall, 1700 Chapel Drive, Valparaiso, IN 46383
Fax: 219.464.5012 Email: Finaid@valpo.edu

Student Name: _____

Valpo ID #: _____

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.

1. Are you in the process of obtaining U.S. Citizen status?

- Yes No

2. What are your housing plans for the 2024-2025 Academic year?

- On Campus With legal parent/guardian Off Campus

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

Full Name	Age	Relationship
		<input checked="" type="checkbox"/> Self
		<input type="checkbox"/> Student Spouse (if married) <input type="checkbox"/> Student's Child <input type="checkbox"/> Parent/Stepparent <input type="checkbox"/> Other: _____ <input type="checkbox"/> Sibling
		<input type="checkbox"/> Parent/Stepparent <input type="checkbox"/> Student's Child <input type="checkbox"/> Sibling <input type="checkbox"/> Other: _____
		<input type="checkbox"/> Parent/Stepparent <input type="checkbox"/> Student's Child <input type="checkbox"/> Sibling <input type="checkbox"/> Other: _____
		<input type="checkbox"/> Parent/Stepparent <input type="checkbox"/> Student's Child <input type="checkbox"/> Sibling <input type="checkbox"/> Other: _____
		<input type="checkbox"/> Parent/Stepparent <input type="checkbox"/> Student's Child <input type="checkbox"/> Sibling <input type="checkbox"/> Other: _____
		<input type="checkbox"/> Parent/Stepparent <input type="checkbox"/> Student's Child <input type="checkbox"/> Sibling <input type="checkbox"/> Other: _____

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

Student: \$ _____

Parent(s): \$ _____

5. Did you file a 2022 Federal Tax Return? *If yes to either selection, please provide a signed copy of the 2022 Federal Tax Return and W-2s, if applicable.*

- | | |
|--|--|
| Student | Parent |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |

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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.

I certify all the information reported is complete and correct. The student must sign and at least one parent must also sign. A handwritten signature, not typed, is required:

Student Signature: _____

Date: _____

Parent Signature: _____

Date: _____