



2020-2021 INTERNATIONAL STUDENT FINANCIAL STATEMENT
CHILDCARE ASSISTANCE PROGRAM

Student Name: (last) (first) (middle initial)

Last Four Digits of Student SSN: XXX - XX - UW Student ID #:

1. STUDENT INFORMATION

Address: City: State: Zip Code: Telephone: UW Email Address: Date of Birth (month/day/year):
Are you a U.S. Citizen or Permanent Resident? Yes No
If no, indicate country of origin:
What is your class level? Graduate/Professional Undergraduate
What is your enrollment status? Full Time Part Time
What is your major program of study?

2. STUDENT MARITAL STATUS AND HOUSEHOLD SIZE

What is your marital status as of today? Single, Divorced or Widowed Married/Remarried Separated
Spouse's Name: (last) (first) (middle initial)
Is your spouse a UW student? Yes No
If yes, indicate your spouse's UW ID#:
What is the number of people in your (and your spouse's, if married) household?
(list yourself, spouse (if married), and child(ren) living with you and supported by you)
Of the number you listed in your household, how many will be attending college in 2020-2021?

3. INCOME INFORMATION

Provide the following information about yourself; however, if you are married as of today, include information for both you and your spouse. Report the information in U.S. Dollars.

Income earned in 2018 from work (student): \$
Income earned in 2018 from work (spouse): \$
Total 2018 income reported on your and spouse's (if married) federal/national tax forms: \$
Total 2018 federal/national income tax paid by you and spouse (if married): \$
Other student and spouse (if married) household income for 2018 not listed above: \$
(such as money received or paid on your and spouse's (if married) behalf not reported on this form)
Student and spouse (if married) cash, savings and checking account balance total: \$
Student and spouse (if married) current net worth of investments: \$
Student and spouse (if married) current net worth of business: \$
Student and spouse (if married) current net worth of investment farm: \$

4. RESOURCE INFORMATION

List all scholarships, governmental benefits, or other financial help you will receive during the 2020-2021 school year. Indicate the name of the resource and the amount.

2020 - 2021 Resource	
Name of resource: _____	Amount: \$ _____
Name of resource: _____	Amount: \$ _____
Name of resource: _____	Amount: \$ _____
Name of resource: _____	Amount: \$ _____

5. STUDENT CERTIFICATION AND SIGNATURE

I certify the information provided on this form are true and complete to the best of my knowledge.

Student Name: _____

Student Signature: _____ Date: _____