

SUNY Korea-SBU Financial Aid Application For Continuing Students Parent/Guardian Information Form

Parent/Guardian Last Name		Parent/Guardian First Name	
Preferred Phone	[+]() -	Email	@
Relationship to Student			
Job Title		Name of Company	
Annual Income (Retirement Income)	\$US _____		
Deposit in Available Funds	\$US _____		
No. of Dependents		Yearly Household Living Expenses	\$US _____
Affirmation	I(Parent/Guardian) affirm that the above information is true and correct, and I authorize the release of the documents presented to the student and/or government officials if requested.		
	_____ Parent/Guardian's Signature	_____ Date	

※ Documents Submission:

- International: Submission of 1) proof of family relation; 2) proof of refugee record or low-income status
- Domestic: Submission of 1) proof of family relation 2); Certificate of Income and Certificate of National Health Insurance Fee; 3) Certificate of National Basic Livelihood Recipients(기초생활수급자증명서-Optional)